

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90164 015 ****61.25

DOCUMENT # N01000001326

1. Entity Name
CYPRESS LOOP VILLAGE OF HERITAGE SPRINGS, INC.



Principal Place of Business
11345 ROBERT TRENT JONES PARKWAY
NEW PORT RICHEY, FL 34655

Mailing Address
11345 ROBERT TRENT JONES PARKWAY
NEW PORT RICHEY, FL 34655

54052886



04072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3741544

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRACH, MITCHELL
11345 ROBERT TRENT JONES PARKWAY
NEW PORT RICHEY, FL 34655

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and understand the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE XXXX
NAME XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX XXXXXXXX
STREET ADDRESS XX
CITY-ST-ZIP XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX XXXXXXXXX

TITLE XXXX
NAME XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX XXXXXXXX
STREET ADDRESS XX
CITY-ST-ZIP XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX XXXXXXXXX

TITLE VP
NAME KRACH, MITCHELL MR.
STREET ADDRESS 11345 ROBERT TRENT JONES PARKWAY
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE PD
NAME EICHHOLT, LEWIS MR.
STREET ADDRESS 11345 ROBERT TRENT JONES PARKWAY
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE D
NAME BARBER, NORMAN MR.
STREET ADDRESS 11345 ROBERT TRENT JONES PARKWAY
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE DST
NAME LUKACZESKI, JOHN J MR.
STREET ADDRESS 11345 ROBERT TRENT JONES PARKWAY
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MITCHELL KRACH 4/23/04 727-372-5411

Date

Daytime Phone #