


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90055 040 \*\*\*\*61.25

<b>DOCUMENT # N01000003542</b> 1. Entity Name SPRING CREST 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		
2. Principal Place of Business P.O. Box 1156 Suite, Apt. #, etc.			3. Mailing Address P.O. Box 1156 Suite, Apt. #, etc.		
City & State DUNEDIN FL			City & State DUNEDIN FL		
Zip 34697		Country USA		4. FEI Number 59-3740879	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  KRACH, MITCHELL 11345 ROBERT TRENT JONES PARKWAY NEW PORT RICHEY, FL 34655			7. Name and Address of New Registered Agent Name: <u>RANALLO, JIM</u> Street Address (P.O. Box Number is Not Acceptable): <u>1388 OVERLASH DR.</u> City: <u>DUNEDIN</u> FL Zip Code: <u>34698</u>		
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 accept the obligations of registered agent.  SIGNATURE: <u>[Signature]</u> <u>JIM RANALLO, PROPERTY MANAGER</u> DATE: <u>01/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX XX, XX XXX XXXX, XX XXXXXX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X XXX, XXXX XXXXXXX XXX, XX XXXX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRACH, MITCHELL 11345 ROBERT TRENT JONES PARKWAY NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIGLIUOLO, LEO 1147 SWEET JASMINE DR TRINITY, FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EICHHOLT, LEWIS 11345 ROBERT TRENT JONES PARKWAY NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REED, RONALD 1141 SWEET JASMINE DR TRINITY, FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUKASZESKI, JOHN 11345 ROBERT TRENT JONES PARKWAY NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GORA, CHARLOTTE 1136 SWEET JASMINE DR TRINITY, FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, NORMAN 11345 ROBERT TRENT JONES PARKWAY NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/27/05</u> Daytime Phone #: <u>727-734-8451</u>		

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01272005 Chg-NP CR2E037 (10/03)