

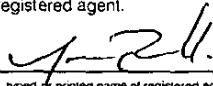



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90016 037 \*\*\*\*61.25

<b>DOCUMENT # N01000003542</b> 1. Entity Name <b>SPRING CREST VILLAGE OF HERITAGE SPRINGS, INC.</b>					
Principal Place of Business <b>PO BOX 1156 DUNEDIN, FL 34697</b>				Mailing Address <b>PO BOX 1156 DUNEDIN, FL 34697</b>	
2. Principal Place of Business <b>40347 US 19 N</b> Suite, Apt. #, etc. <b>Ste 229</b> City & State <b>Tarpon Springs FL</b> Zip Country <b>34689 USA</b>		3. Mailing Address <b>40347 US 19 N</b> Suite, Apt. #, etc. <b>Ste 229</b> City & State <b>Tarpon Springs FL</b> Zip Country <b>34689 USA</b>			
01182006 Chg-NP CR2E037 (11/05)				4. FEI Number <b>59-3740879</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>RANALLO, JIM 1388 OVERCASH DR DUNEDIN, FL 34698</b>			7. Name and Address of New Registered Agent Name <b>Jim Ranallo</b> Street Address (P.O. Box Number is Not Acceptable) <b>40347 US 19 N, Ste 229</b> City <b>Tarpon Springs</b> <b>FL</b> Zip Code <b>34689</b>		
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  DATE <b>1/18/06</b> <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, 2006</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIGLIUOLD, LEO 1147 SWEET JASMIN DR TRINITY, FL 34655	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REED, RONALD 1141 SWEET JASMIN DR TRINITY, FL 34655	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOND, CHARLOTTE 1136 SWEET JASMIN DR TRINITY, FL 34655	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE <b>1/30/06</b> 727-938-7730 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					