

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90018 046 ****61.25

DOCUMENT # N01000003542

1. Entity Name
SPRING CREST VILLAGE OF HERITAGE SPRINGS, INC.



Principal Place of Business
40347 US 19 N STE 229
TARPON SPRINGS, FL 34689

Mailing Address
40347 US 19 N STE 229
TARPON SPRINGS, FL 34689

40036029



02262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3740879	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RANALLO, JIM
40347 US 19 N STE 229
TARPON SPRINGS, FL 34689

**DO NOT WRITE
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 accept 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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FIGLIUOLD, LEO 1147 SWEET JASMIN DR TRINITY, FL 34655
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD REED, RONALD 1141 SWEET JASMIN DR TRINITY, FL 34655
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GORA, CHARLOTTE 1136 SWEET JASMIN DR TRINITY, FL 34655
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**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07 **727-938-7730**
Date Daytime Phone #