

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90010 047 ****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**

40047754



DO NOT WRITE IN THIS SPACE

02252008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3740879

Applied For
Not Applicable

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**

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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, 2008**

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**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPD
REED, RONALD
1141 SWEET JASMIN DR
TRINITY, FL 34655**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**STD
GORA, CHARLOTTE
1136 SWEET JASMIN DR
TRINITY, FL 34655**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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

Date

Daytime Phone #

Leo Figliuold (PRESIDENT) S/C/V 2/25/08 227-938-
LEO FIGLIUOLD 7730