

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003542

FILED
Feb 02, 2009
Secretary of State

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

Current Principal Place of Business:

40347 US 19 N STE 229
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

40347 US 19 N STE 229
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-3740879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FIGLIUOLO, LEO
Address: 1147 SWEET JASMIN DR
City-St-Zip: TRINITY, FL 34655

Title: VPD () Delete
Name: REED, RONALD
Address: 1141 SWEET JASMIN DR
City-St-Zip: TRINITY, FL 34655

Title: STD () Delete
Name: GORA, CHARLOTTE
Address: 1136 SWEET JASMIN DR
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FIGLIUOLO, LEO
Address: 1147 SWEET JASMINE DR
City-St-Zip: TRINITY, FL 34655

Title: VPD (X) Change () Addition
Name: REED, RONALD
Address: 1141 SWEET JASMINE DR
City-St-Zip: TRINITY, FL 34655

Title: STD (X) Change () Addition
Name: GORA, CHARLOTTE
Address: 1136 SWEET JASMINE DR
City-St-Zip: TRINITY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM RANALLO, LCAM

MGR

02/02/2009

Electronic Signature of Signing Officer or Director

Date