



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90048 017 ****61.25

DOCUMENT # N01000006361					
1. Entity Name PINES GLEN VILLAGE OF HERITAGE PINES, INC.					
Principal Place of Business 11524 SCENIC HILLS BLVD HUDSON, FL 34667			Mailing Address 11524 SCENIC HILLS BLVD HUDSON, FL 34667		
2. Principal Place of Business - No P.O. Box # 18215 Branch Rd		3. Mailing Address 18215 Branch Rd			
Suite, Apt. #, etc. Hudson FL		Suite, Apt. #, etc. Hudson FL		03192007 Chg-NP CR2E037 (12/06)	
City & State Hudson FL		City & State Hudson FL		4. FEI Number 02-0595858	
Zip 34667		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULLIGAN, EVANS 11524 SCENIC HILLS BLVD HUDSON, FL 34667			7. Name and Address of New Registered Agent Premier Community Consultants 18215 Branch Rd Hudson FL 34667		
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>Pamela Washburn</u> <u>Pamela Washburn</u> <u>4/5/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ATD</u> <input type="checkbox"/> Delete LA PAGLIA, JOHN 11524 SCENIC HILLS BLVD HUDSON, FL 34667			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP PD</u> <input type="checkbox"/> Delete FAUST, GLEN 11524 SCENIC HILLS BLVD HUDSON, FL 34667			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T D</u> <input type="checkbox"/> Delete SIMON, CAROL 11524 SCENIC HILLS BLVD HUDSON, FL 34667			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>AT VP D</u> <input type="checkbox"/> Delete SALMON, JERRE 11524 SCENIC HILLS BLVD HUDSON, FL 34667			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> <input checked="" type="checkbox"/> Delete GOLD, DOROTHY 11524 SCENIC HILLS BLVD. HUDSON, FL 34667			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Deanna Kimbrough</u> <u>11524 Scenic Hills Blvd</u> <u>Hudson FL 34667</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: <u>Glenn Faust</u> <u>Glenn Faust, Pres.</u> <u>4/4/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					