

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006361

FILED  
Mar 28, 2009  
Secretary of State

**Entity Name:** PINES GLEN VILLAGE OF HERITAGE PINES, INC.

**Current Principal Place of Business:**

18215 BRANCH RD.  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

18215 BRANCH RD.  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** 02-0595858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PREMIER COMMUNITY CONSULTANTS  
18215 BRANCH RD.  
HUDSON, FL 34667 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: TD ( ) Delete  
Name: LOWE, HAZEL  
Address: 11524 SCENIC HILLS BLVD  
City-St-Zip: HUDSON, FL 34667

Title: PD ( ) Delete  
Name: FAUST, GLEN  
Address: 11524 SCENIC HILLS BLVD  
City-St-Zip: HUDSON, FL 34667

Title: VPD ( ) Delete  
Name: MOOTY, FRED  
Address: 11524 SCENIC HILLS BLVD  
City-St-Zip: HUDSON, FL 34667

Title: VPD ( ) Delete  
Name: SALMON, JERRE  
Address: 11524 SCENIC HILLS BLVD  
City-St-Zip: HUDSON, FL 34667

Title: SD ( ) Delete  
Name: KIMBROUGH, DEANNA  
Address: 11524 SCENIC HILLS BLVD  
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: WARREN, RON  
Address: 11524 SCENIC HILLS BLVD  
City-St-Zip: HUDSON, FL 34667

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PAMELA S WASHBURN

AGT

03/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date