

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90055 041 \*\*\*\*61.25

**DOCUMENT # N01000007578**

1. Entity Name  
**PALM BREEZE VILLAGE OF HERITAGE SPRINGS, INC.**



Principal Place of Business  
**11345 ROBERT TRENT JONES PARKWAY  
NEW PORT RICHEY, FL 34655**

Mailing Address  
**11345 ROBERT TRENT JONES PARKWAY  
NEW PORT RICHEY, FL 34655**

**50009469**



2. Principal Place of Business

**P.O. Box 1156**

3. Mailing Address

**P.O. Box 1156**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272005 Chg-NP CR2E037 (10/03)

City & State

**DUNEDIN, FL**

City & State

**DUNEDIN, FL**

4. FEI Number

**33-1004914**

Applied For

Not Applicable

Zip

**34697**

Country

**USA**

Zip

**34697**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KRACH, MITCHELL MR  
11345 ROBERT TRENT JONES PARKWAY  
NEW PORT RICHEY, FL 34655**

7. Name and Address of New Registered Agent

Name **RANALLO, JIM**

Street Address (P.O. Box Number is Not Acceptable)  
**1388 OVERCASH DRIVE**

City **DUNEDIN**

**FL**

Zip Code  
**34698**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: **01/27/05**

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **XX** ☐ Delete  
NAME **XXXXXXXX, XXXXXXXXXX XXXXXX**  
STREET ADDRESS **XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX**  
CITY-ST-ZIP **XXXXXXXXXXXXXXXXXX, XX XXXXXXXXX**

TITLE **XX** ☐ Delete  
NAME **XXXXXXXXXXXX, XXXXXXXXXX X XXXX**  
STREET ADDRESS **XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX**  
CITY-ST-ZIP **XXXXXXXXXXXXXXXXXXXX, XX XXXXXXXXX**

TITLE **VP** ☒ Delete  
NAME **KRACH, MITCHELL MR**  
STREET ADDRESS **11345 ROBERT TRENT JONES PARKWAY**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **PD** ☒ Delete  
NAME **EICHHOLT, LEWIS MR**  
STREET ADDRESS **11345 ROBERT TRENT JONES PARKWAY**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **VPD** ☒ Delete  
NAME **BARBER, NORMAN MR**  
STREET ADDRESS **11345 ROBERT TRENT JONES PARKWAY**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **STD** ☒ Delete  
NAME **LUKASZESKI, JOHN MR**  
STREET ADDRESS **11345 ROBERT TRENT JONES PARKWAY**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition  
NAME **GOLDMAN, WILLIAM**  
STREET ADDRESS **1641 WESTERHAM LOOP**  
CITY-ST-ZIP **TRINITY, FL 34655**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **POULOS, GUS**  
STREET ADDRESS **1538 WESTERHAM LOOP**  
CITY-ST-ZIP **TRINITY, FL 34655**

TITLE **STD** ☐ Change ☒ Addition  
NAME **HELLMERS, WILLIAM**  
STREET ADDRESS **11750 AINTREE COURT**  
CITY-ST-ZIP **TRINITY, FL 34655**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/30/05**

Date

**727-734-8451**

Daytime Phone #