

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90031 006 \*\*\*\*61.25

<b>DOCUMENT # N01000007578</b> 1. Entity Name <b>PALM BREEZE VILLAGE OF HERITAGE SPRINGS, INC.</b>					
Principal Place of Business <b>PO BOX 1156 DUNEDIN, FL 34697</b>			Mailing Address <b>PO BOX 1156 DUNEDIN, FL 34697</b>		
2. Principal Place of Business <b>40347 US 19 N</b>		3. Mailing Address <b>40347 US 19 N</b>			
Suite, Apt. #, etc. <b>Ste 229</b>		Suite, Apt. #, etc. <b>Ste 229</b>			
City & State <b>Tarpon Springs FL</b>		City & State <b>Tarpon Springs, FL</b>			
Zip <b>34689</b>		Country <b>USA</b>		4. FEI Number <b>33-1004914</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01182006 Chg-NP CR2E037 (11/05)			
6. Name and Address of Current Registered Agent  <b>RANALLO, JIM 1388 OVERCASH DRIVE DUNEDIN, FL 34698</b>			7. Name and Address of New Registered Agent Name <b>RANALLO, JIM</b> Street Address (P.O. Box Number is Not Acceptable) <b>40347 US 19 N</b> <b>Ste 229</b> City <b>Tarpon Springs</b> <b>FL</b> Zip Code <b>34689</b>		
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><i>[Signature]</i></u> <span style="float: right;">1/18/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX XXXXXXXX, XXXXXXXXXXX XXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX, XX XXXXXXXX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HELLMERS, BILL 11750 AIMTREE CT TRINITY, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX XXXXXXXXXXXX, XXXXXXXXXXX X XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX, XX XXXXXXXX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSENTHAL, RICHARD 1602 WESTERHAM LOOP TRINITY, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDMAN, WILLIAM 1641 WESTERHAM LOOP TRINITY, FL 34655	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUSHKO, RANDY 1602 WESTERHAM LOOP TRINITY, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POULES, GUS 1538 WESTERHAM LOOP TRINITY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, RICHARD 1640 WESTERHAM LOOP TRINITY, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HELLMERG, WILLIAM 11750 AIMTREE COURT TRINITY, FL 34655	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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><i>William M Hellmers</i></u> <span style="float: right;">2/2/06 727-938-7730</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			WILLIAM M HELLMERS		