2007 NOT-FOR-PROFIT CORPORATION

FILED Mar 15, 2007 8:00 am

ANNUAL REPORT							Secretary of State					
DOCUMENT # N01000007578 1. Entity Name								1	3-15-2007	•		
PALM BREEZE VILLAGE OF HERITAGE SPRINGS, INC.								_				
40347 US 1	ce of Business 9 N STE 229 RINGS, FL 34	689	40347	Address US 19 N STE 22 N SPRINGS, FL 3				4000				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02262007 _{Ci}	ng-NP	CR2E03	7 (12/06)		
City & State			City & State				4. FEI Number 33-100491	4			pplied For	
Zip	Country			Zip Cou			5. Certificate of Steve Parisad S8.75 Additional Fee Required					
	6 Name	and Address of Current	Pagietorad	Agent	r			7. Name and Add	ross of Now I			
	o. Name	and Address of Current	vedizielen	Agent		Name			•	zeBisteten w	gent	
RANALLO, JIM 40347 US 19 N STE 229				KAN			AWA Address (I	(P.O. Box Number is Not Acceptable)				
DUNEDIN, FL 34698							-/-/		,	,		
						City Tarpon Springs FL Zip Code 3 468 9 tered office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
	e named entity itions of registe		r the purpos	e of changing its r	egistere	ed office o	r register	ed agent, or both, in	the State of Fl	orida. I am fa	amiliar with,	and accept
SIGNATURE	2	-1211.	Tink	mario i	CAM	,				2/27/	07	
OIGH WITCHE		r printed name of registered agent	and title if applic	sbie. (NOTE:	Registered	1 Agent signa	ture required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campa Trust Fund Cont						•		\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.		OFFICERS AND DIF	RECTORS		11.		P	ADDITIONS/CHANG	ES TO OFFICE	RS AND DIR	ECTORS IN	10
TITLE NAME	XX	XXXXXXXXX XXXX	(X	☐ Delete	TITLE		PD	NERS, BILL			Change	Addition
STREET ADORESS CITY-ST-ZIP				XXXXXX STRE			פבנוו	AINTREECT				
TITLE	XX Delete				TITLE	ST-ZIP	50	7.FL 34655			☐ Change	Addition
NAME Street Address	1	XXXXXXXXX, XXXXXXXXX X XXXX XXXXXXXXXXX				ET ADORESS	Rose	nthal, Rich L Westerham	ard Legan			
CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					ST-ZIP	Trini	ity FL 34				
TITLE NAME	PD GOLDMAN	I. WILLIAM		Delete	TITLE NAME		TD Sush	Ko, Randy			☐ Change	Addition
STREET ADORESS CITY-ST-ZIP	1641 WES	TERHAM LOOP			STREE	ET ADORESS ST-ZIP	1721	Westerhan	nLoop			
TITLE		1 24055					`					
	VPD	L 34655		: Delete	TITLE		Trini D	ty FL 346	55		☐ Change	Addition
NAME	 			: Delete	+	•	D	ty FL 346			☐ Change	Addition
STREET ADDRESS	VPD POULES, 0 1538 WES	GUS TERHAM LOOP		: Delete	TITLE NAME STREE	ET AODRESS	D Klei 1640	ty FL 346 n, Richar westernan	d Loop		Change	Addition
STREET ADDRESS CITY-ST-ZIP	VPD POULES, 0 1538 WES TRINITY, F	GUS TERHAM LOOP			TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP	D Klei 1640	ty Fl 346 n, Richar	d Loop			
STREET ADDRESS	VPD POULES, (1538 WES TRINITY, F STD	GUS TERHAM LOOP		Delete	TITLE NAME STREE	ET ADDRESS ST-ZIP	D Klei 1640	ty FL 346 n, Richar westernan	d Loop		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VPD POULES, 0 1538 WES TRINITY, F STD HELLMER0 11750 AIM	GUS TERHAM LOOP 'L 34655 G, WILLIAM TREE COURT			TITLE NAME STREE CITY-: TITLE NAME STREE	ET AODRESS ST-ZIP ET ADDRESS	D Klei 1640	ty FL 346 n, Richar westernan	d Loop			
STREET ADDRESS CITY-ST-ZIP TITLE NAME	VPD POULES, (1538 WES TRINITY, F STD HELLMER(GUS TERHAM LOOP 'L 34655 G, WILLIAM TREE COURT			TITLE NAME STREE CITY-: TITLE NAME STREE	ET AODRESS ST-ZIP	D Klei 1640	ty FL 346 n, Richar westernan	d Loop			

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.

STREET ADDRESS

CITY-ST-ZIP

11750 AINTREE CIR

NEW PORT RICHEY, FL 34655

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Man In SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-938-7730

Daytime Phone #