

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90031 021 ****61.25

DOCUMENT # N01000007578

1. Entity Name

PALM BREEZE VILLAGE OF HERITAGE SPRINGS, INC.



Principal Place of Business

40347 US 19 N STE 229
TARPON SPRINGS, FL 34689

Mailing Address

40347 US 19 N STE 229
TARPON SPRINGS, FL 34689

DO NOT WRITE IN THIS SPACE



07072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

33-1004914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RANALLO, JIM
40347 US 19 N STE 229
TARPON SPRINGS, FL 34689

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HELLMERS, BILL
STREET ADDRESS	11750 A INTREE CT.
CITY - ST - ZIP	TRINITY, FL 34655
TITLE	SD
NAME	ROSENTHAL, RICHARD
STREET ADDRESS	1602 WESTERHAM LOOP
CITY - ST - ZIP	TRINITY, FL 34655
TITLE	PD
NAME	SUSHKE, RANDY
STREET ADDRESS	1721 WESTERHAM LOOP
CITY - ST - ZIP	TRINITY, FL 34655
TITLE	VPD
NAME	POULES, GUS
STREET ADDRESS	1538 WESTERHAM LOOP
CITY - ST - ZIP	TRINITY, FL 34655
TITLE	D
NAME	WEIN, RICHARD
STREET ADDRESS	1640 WESTERHAM LOOP
CITY - ST - ZIP	TRINITY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/08

727-938-7750