# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 01, 2005 8:00 am**
**Secretary of State**
03-01-2005 90078 008 ****61.25

20016743

DOCUMENT # N01000007580

1. Entity Name
DEER RUN VILLAGE OF HERITAGE SPRINGS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 11345 ROBERT TRENT JONES PARKWAY<br>NEW PORT RICHEY, FL 34655 | 11345 ROBERT TRENT JONES PARKWAY<br>NEW PORT RICHEY, FL 34655 |

02052005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 11800 Yellow Finch Lane<br>Suite, Apt. #, etc. | 11800 Yellow Finch Ln<br>Suite, Apt. #, etc. |
| City & State: New Port Richey, FL | City & State: New Port Richey, FL |
| Zip: 34655 Country: Pasco | Zip: 34655 Country: Pasco |

4. FEI Number: 33-1004913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KRACH, MITCHELL<br>11345 ROBERT TRENT JONES PARKWAY<br>NEW PORT RICHEY, FL 34655 | Name: MR. CRIM, Adrian<br>Street Address (P.O. Box Number is Not Acceptable): 11800 Yellow Finch Lane<br>City: New Port Richey FL Zip Code: 34655 |

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: Adrian Crim Adrian Crim 2/24/05
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 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | XXXX<br>XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXX XXXXXX<br>XXXXXXXXXXXXXXXXXX<br>XXXXXXXXXXXXXXXXXXXXXXXX, XX XXXXXXXXX ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | XXXX<br>XXXXXXX, XXXXXXXXXXX XXXXXXX<br>XXXXXXXXXXXXXXXXXXXXXXXXXX<br>XXXXXXXXXXXXXX, XX XXXXXX ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>KRACH, MITCHELL MR<br>11345 ROBERT TRENT JONES PARKWAY<br>NEW PORT RICHEY, FL 34655 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Adrian CRIM, MR.<br>11800 Yellow Finch Lane<br>Newport Richey, FL 34655 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>LEWIS, EICHHOLT MR<br>11345 ROBERT TRENT JONES PARKWAY<br>NEW PORT RICHEY, FL 34655 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br>Healy, Robert, MR.<br>11842 Yellow Finch Lane<br>Newport Richey, FL 34655 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BARBER, NORMAN MR<br>11345 ROBERT TRENT JONES PARKWAY<br>NEW PORT RICHEY, FL 34655 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Kellaher, Richard, MR.<br>11814 Yellow Finch Lane<br>Newport Richey, FL 34655 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>LUKASZESKI, JOHN MR<br>11345 ROBERT TRENT JONES PARKWAY<br>NEW PORT RICHEY, FL 34655 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Adamson, William, MR.<br>12108 Yellow Finch Lane<br>Newport Richey, FL 34655 ☒ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Adrian Crim Adrian CRIM 2/24/05 727-372-5470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #