

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90245 031 ****61.25

DOCUMENT # N01000007580

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



Principal Place of Business
**11800 YELLOW FINCH LANE
NEW PORT RICHEY, FL 34655**

Mailing Address
**11800 YELLOW FINCH LANE
NEW PORT RICHEY, FL 34655**

40063340



04022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**CRIM, ADRIAN
11800 YELLOW FINCH LANE
NEW PORT RICHEY, FL 34655**

**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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE: XXXX
NAME: XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX XXXXXXXX
STREET ADDRESS: XXXXXXXXXXXXXXXXXXXX
CITY-ST-ZIP: XXXXXXXXXXXXXXXXXXXXXXXX, XX XXXXXXXXX

TITLE: XXXX
NAME: XXXXXXXX, XXXXXXXXXXXX XXXXXXXX
STREET ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY-ST-ZIP: XXXXXXXXXXXXXXXX, XX XXXXXXXX

TITLE: P
NAME: CRIM, ADRIAN MR
STREET ADDRESS: 11800 YELLOW FINCH LANE
CITY-ST-ZIP: NEW PORT RICHEY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Adrian Crim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07 727-372-5470
Date Daytime Phone #