

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**POSTED**  
May 02, 2005 08:00 AM  
Secretary of State

DOCUMENT # N01000007581

1. Entity Name

ROLLING GREEN VILLAGE OF HERITAGE PINES, INC.



Principal Place of Business

11524 SCENIC HILLS BLVD  
HUDSON FL 34667

Mailing Address

11524 SCENIC HILLS BLVD  
HUDSON FL 34667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0594865

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

WASHBURN, PAMELA  
11524 SCENIC HILLS BLVD  
HUDSON FL 34667

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: 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

TITLE DP  
NAME SWENSON, GAYLON ☐ Delete  
STREET ADDRESS 11524 SCENIC HILLS BLVD.  
CITY-ST-ZIP HUDSON FL 34667

TITLE DVP  
NAME CHASE, HAL ☐ Delete  
STREET ADDRESS 11524 SCENIC HILLS BLVD.  
CITY-ST-ZIP HUDSON FL 34667

TITLE DS  
NAME CARTWRIGHT, SHIRLEY ☐ Delete  
STREET ADDRESS 11524 SCENIC HILLS BLVD.  
CITY-ST-ZIP HUDSON FL 34667

TITLE VPO  
NAME WASHBURN, PAMELA S ☐ Delete  
STREET ADDRESS 11524 SCENIC HILLS BLVD  
CITY-ST-ZIP HUDSON FL 34667

TITLE  
NAME RITSCH, JANE ☐ Delete  
STREET ADDRESS 11524 SCENIC HILLS BLVD.  
CITY-ST-ZIP HUDSON FL 34667

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 000000355576  
CITY-ST-ZIP 05/03/05-80153-010 61.25

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Pamela Washburn VPO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05 7218617784  
Daytime Phone