2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State
03-14-2005 90098 010 ****61.25

DOCUMENT # N02000001082

1. Entity Name
NATURE'S PLACE VILLAGE OF HERITAGE SPRINGS, INC.

50025441

Principal Place of Business	Mailing Address
11345 ROBERT TRENT JONES PARKWAY NEW PORT RICHEY, FL 34655	11345 ROBERT TRENT JONES PARKWAY NEW PORT RICHEY, FL 34655

02052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
c/o CITADEL MANAGEMENT	P.O. BOX 1156
Suite, Apt. #, etc. PO BOX 1156	Suite, Apt. #, etc. DUNEDIN, FL
City & State DUNEDIN, FL	City & State
Zip 34697-1156 Country USA	Zip 34697-1156 Country

4. FEI Number 33-1004916 ☐ 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 P. 11345 ROBERT TRENT JONES PARKWAY NEW PORT RICHEY, FL 34655	Name: CITADEL PROP. MGMT GROUP Street Address (P.O. Box Number is Not Acceptable): 1388 OVERLASH DRIVE City: DUNEDIN FL Zip Code: 34698

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: JIM RANALLO, LCAM 02/26/05
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	VPO KRACH, MITCHELL 11345 ROBERT TRENT JONES PARKWAY NEW PORT RICHEY, FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEBSTER, HOWARD 11734 WASHBURN PL TRINITY, FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP EICHHOLT, LEWIS 11345 ROBERT TRENT JONES PARKWAY NEW PORT RICHEY, FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ABBRIANO, DOMINIC 11745 WASHBURN PL TRINITY, FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BARBER, NORMAN 11345 ROBERT TRENT JONES PARKWAY NEW PORT RICHEY, FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KATZ, HELENE 1504 WESTERHAM LP TRINITY, FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST LUKACSZESKI, JOHN 11345 ROBERT TRENT JONES PARKWAY NEW PORT RICHEY, FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOLA, NICHOLAS 1509 WESTERHAM LOOP TRINITY, FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMMONS, LYNN 11824 WASHBURN PL TRINITY, FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: [signature] 02/26/05 727-734-8451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #