
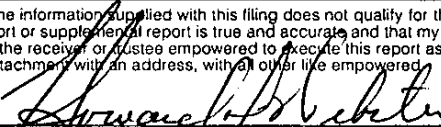


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90003 013 ****61.25

DOCUMENT # N02000001082 1. Entity Name NATURE'S PLACE VILLAGE OF HERITAGE SPRINGS, INC.					
Principal Place of Business C/O CITADEL MANAGEMENT PO BOX 1165 DUNEDIN, FL 34697-1156			Mailing Address PO BOX 1156 DUNEDIN, FL 34697-1156		
2. Principal Place of Business C/O I&J PROPERTY MANAGEMENT		3. Mailing Address 40347 US19 NORTH			
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201			
City & State TARPON SPRINGS FL		City & State TARPON SPRINGS FL			
Zip 34687	Country FLORIDA	Zip 34689	Country FLORIDA	4. FEI Number 33-1004916	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CITADEL PROP MGMT GROUP 1388 OVERCASH DRIVE DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name I&J PROPERTY MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 40347 US19 NORTH Suite 201 City TARPON SPRINGS FL Zip Code 34689		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD WEBSTER, HOWARD 11734 WASHBURN PL TRINITY, FL 34655 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABBRIANO, DOMINICK 11745 WASHBURN PL TRINITY, FL 34655 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KATZ, HELENE 1504 WESTERHAM LP TRINITY, FL 34655 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAMBELL, KAREN 11816 WASHBURN PL TRINITY, FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOLA, NICHOLAS 1509 WESTERHAM LOOP TRINITY, FL 34655 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, LYNN 11824 WASHBURN PL TRINITY, FL 34655 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 or without other like empowered.					
SIGNATURE: 			3/06/06 727-372-7317 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					