2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001082



Apr 14, 2008 8:00 am Secretary of State

FILED

1. Entity Name NATURE'S PLACE VILLAGE OF HERITAGE SPRINGS, INC.								04-14-2008	8 90024 00	1/ *****6	1.23
Principal Place of Business C/O I&J PROPERTY MANAGEMENT 40347 US 19 NORTH, STE. 201 TARPON SPRINGS, FL 34689			P.O. BOX	Mailing Address P.O. BOX 695 TARPON SPRINGS, FL 34688-0695				1848 HON 9841 6811 0	1920 88 00 88 00 US	1 88 704 (8870 (8	B)
2. Principal Place of Business - No P.O. Box #			3. Mailing A	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02022008	Chg-NP	CR2E037	7 (12/06)		
City & State			City & State				. 00 400 40 40				oplied For
Zip	Zip Country		Zip	Zip Cou					\$8.75 Additional Fee Required		
6. Name and Address of Current Registr			t Registered Ag				7. Name and	Address of New	Registered A	gent	
I'& TERO	PERTY MAN	AGEMENT INC	 -		Nar	me					
I'& J'PROPERTY MANAGEMENT, INC. 40347 US 19 NORTH, STE. 201 TARPON SPRINGS, FL 34689				Street Address (P.O. Box Numbe	r is Not Acceptat	ole)		
				City				•	FL	Zip Cod	е •
8. The above the obligation	named entity su tions of registere	ubmits this statement f ad agent.	for the purpose of	of changing its	registered offi	ce or register	ed agent, or both	n, in the State of F	Florida. I am fa	miliar with,	and accept
SIGNATURE		printed name of registered agen	nt and title if applicable	. (NOTE	: Registered Agent	signature required	when reinstating)		DATE	-	
SIGNATURE		ls \$61.25		NOTE NElection Carr Trust Fund C	paign Financi		when reinstating) \$5.00 May Be Added to Fees	, I	DATE Make check orida Departr		
SIGNATURE	Filing Fee I	ls \$61.25	9	. Election Carr	paign Financi	ing	\$5.00 May Be Added to Fees	, I	Make check orida Departr	ment of Si	late
10.	Signature, typed or p Fitting Fee I Due by May	Is \$61.25 y 1, 2008 OFFICERS AND D	9 NRECTORS	. Election Carr	npaign Financi contribution.	ing	\$5.00 May Be Added to Fees	Flo	Make check orida Departr ERS AND DIRI	ment of Si	late
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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 cath; 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.