

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001082

FILED
Apr 13, 2009
Secretary of State

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

Current Principal Place of Business:

C/O I&J PROPERTY MANAGEMENT
40347 US 19 NORTH, STE. 201
TARPON SPRINGS, FL 34689

New Principal Place of Business:

40347 US 19 N, STE 229
TARPON SPRINGS, FL 34689

Current Mailing Address:

P.O. BOX 695
TARPON SPRINGS, FL 346880695

New Mailing Address:

40347 US 19 N, STE 229
TARPON SPRINGS, FL 34689

FEI Number: 33-1004916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

I & J PROPERTY MANAGEMENT, INC.
40347 US 19 NORTH, STE. 201
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

CITADEL PROP MGMT GRP INC.
40347 US 19 N, STE 229
TARPON SPRINGS, FL 34689 US

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.

SIGNATURE: JIM RANALLO, LCAM

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SCHNEIDER, ROBERT
Address: 1512 WESTERHAM LOOP
City-St-Zip: TRINITY, FL 34655

Title: PD () Delete
Name: LACEY, GEORGE
Address: 11802 WASHBURN PLACE
City-St-Zip: TRINITY, FL 34655

Title: VPD () Delete
Name: CROCKER, GEORGE
Address: 11823 WASHBURN PLACE
City-St-Zip: TRINITY, FL 34655

Title: SD () Delete
Name: CLARK, LUCY
Address: 11812 WASHBURN PLACE
City-St-Zip: TRINITY, FL 34655

Title: D () Delete
Name: WILLIAMS, ELAINE
Address: 11746 WASHBURN PLACE
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SIMMONS, LYNN
Address: 11824 WASHBURN PLACE
City-St-Zip: TRINITY, FL 34655

Title: VPD (X) Change () Addition
Name: SCOLA, JOAN
Address: 1509 WESTERHAM LOOP
City-St-Zip: TRINITY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM RANALLO, LCAM

AGENT

04/13/2009

Electronic Signature of Signing Officer or Director

Date