

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90123 021 \*\*\*\*61.25

DOCUMENT # N02000006471

1. Entity Name  
SCENIC PINES 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
42-1570417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

WALKOWIAK, DOUG  
11524 SCENIC HILLS BLVD.  
HUDSON, FL 34667

## 7. Name and Address of New Registered Agent

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

11524 Scenic Hills Blvd  
City Hudson FL Zip Code 34667

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 Marcia Merle  
Signature, typed or printed name of registered agent and title if applicable.

MARCIA Merle 2CAM 4/8/08  
(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25  
Due by May 1, 2008

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 P ☐ Delete  
NAME DOTSON, JACK  
STREET ADDRESS 11524 SCENIC HILLS BLVD.  
CITY-ST-ZIP HUDSON, FL 34667

TITLE VP ☐ Delete  
NAME LOVEALL, EARL  
STREET ADDRESS 11524 SCENIC HILLS BLVD.  
CITY-ST-ZIP HUDSON, FL 34667

TITLE SDT ☒ Delete  
NAME SPAIN, OMA  
STREET ADDRESS 11524 SCENIC HILLS BLVD.  
CITY-ST-ZIP HUDSON, FL 34667

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition  
NAME ST  
STREET ADDRESS Peggy Pickering  
CITY-ST-ZIP 11524 Scenic Hills Blvd  
Hudson, FL 34667

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

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

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

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 all other like empowered.

SIGNATURE: Earl Loveall EARL LOVEALL

862-0556 4-9-08