

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006471

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** SCENIC PINES VILLAGE OF HERITAGE PINES, INC.

**Current Principal Place of Business:**

11524 SCENIC HILLS BLVD.  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

11524 SCENIC HILLS BLVD.  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** 42-1570417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MERLE, MARCIA  
11524 SCENIC HILLS BLVD.  
HUDSON, FL 34667 US

**Name and Address of New Registered Agent:**

NORTON, KIM  
11524 SCENIC HILLS BLVD.  
HUDSON, FL 34667 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: KIM NORTON

04/20/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LA POINTE, JEAN  
Address: 11524 SCENIC HILLS BLVD.  
City-St-Zip: HUDSON, FL 34667

Title: VP  
Name: ECKERT, DOROTHY  
Address: 11524 SCENIC HILLS BLVD.  
City-St-Zip: HUDSON, FL 34667

Title: ST  
Name: PICKERING, PEGGY  
Address: 11524 SCENIC HILLS BLVD.  
City-St-Zip: HUDSON, FL 34667

I hereby 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 all other like empowered.

SIGNATURE: JEAN LA POINTE

PRES

04/20/2010

Electronic Signature of Signing Officer or Director

Date