

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90058 032 ****61.25

DOCUMENT # N03000001590					
1. Entity Name COUNTRY GREEN VILLAGE OF HERITAGE PINES, INC.					
Principal Place of Business 11524 SCENIC HILLS BLVD HUDSON, FL 34667 US			Mailing Address 11524 SCENIC HILLS BLVD HUDSON, FL 34667 US		
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	4. FEI Number 76-0729430	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MULLIGAN, EVANS 11524 SCENIC HILLS BLVD HUDSON, FL 34667			Name <u>Premier Community Consultants</u> Street Address (P.O. Box Number is Not Acceptable) <u>18215 Branch Rd</u> City <u>Hudson</u> <u>FL</u> <u>34667</u>		
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 <u>Daniel S. Woshburn</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <u>2/7/07</u>		
Filing Fee is \$61.25 Due by May 1, 2007		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 VP	NAME DIMSE, CAROL	<input checked="" type="checkbox"/> Delete	TITLE TD	NAME Ted McLaughlin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11524 SCENIC HILLS BLVD	HUDSON, FL 34667		STREET ADDRESS 11524 SCENIC HILLS BLVD	HUDSON FL 34667	
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP	HUDSON FL 34667	
TITLE P	NAME FERNANDES, LINDA	<input checked="" type="checkbox"/> Delete	TITLE D	NAME Al Peterson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11524 SCENIC HILLS BLVD	HUDSON, FL 34667		STREET ADDRESS 11524 SCENIC HILLS BLVD	HUDSON FL 34667	
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP	HUDSON FL 34667	
TITLE ST	NAME DIPERI, JOSEPH	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11524 SCENIC HILLS BLVD	HUDSON, FL 34667		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE D	NAME SEABERG, RICHARD	<input type="checkbox"/> Delete	TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11524 SCENIC HILLS BLVD	HUDSON, FL 34667		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE D	NAME RANKIN, DAVID	<input type="checkbox"/> Delete	TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11524 SCENIC HILLS BLVD	HUDSON, FL 34667		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>[Signature]</u>			President		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/7/07</u>		
			Daytime Phone # <u>727 868 8680</u>		