

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90146 006 ****61.25

DOCUMENT # N03000001592

1. Entity Name

HILL TOP 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0729429

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WASHBURN, PAMELA S
11524 SCENIC HILLS BLVD
HUDSON FL 34667

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PD	<input checked="" type="checkbox"/> Delete
NAME	EICHHOLT, DUSTY	
STREET ADDRESS	11524 SCENIC HILLS BLVD	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BARBER, NORM	
STREET ADDRESS	11524 SCENIC HILLS BLVD	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	LUKASZEWSKI, JOHN L JR	
STREET ADDRESS	11524 SCENIC HILLS BLVD	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	WASHBURN, PAMELA S	
STREET ADDRESS	11524 SCENIC HILLS BLVD	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T.J. Jones	
STREET ADDRESS	11524 Scenic Hills Blvd	
CITY-ST-ZIP	Hudson FL 34667	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Atkins	
STREET ADDRESS	11524 Scenic Hills Blvd	
CITY-ST-ZIP	Hudson FL 34667	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neil Thompson	
STREET ADDRESS	11524 Scenic Hills Blvd	
CITY-ST-ZIP	Hudson FL 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela S Washburn VPO 2/18/05 727 861 7784

Date

Daytime Phone #