


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90003 031 ****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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 76-0729429	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WASHBURN, PAMELA S 11524 SCENIC HILLS BLVD HUDSON, FL 34667				7. Name and Address of New Registered Agent Name: Premier Community Consultants Street Address (P.O. Box Number is Not Acceptable): 18215 Branch Rd 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: <u><i>Pamela Washburn, President</i></u> DATE: <u><i>4/4/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, TJ 11524 SCENIC HILLS BLVD HUDSON, FL 34667	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ATKINS, TOM 11524 SCENIC HILLS BLVD HUDSON, FL 34667	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Neil Thompson 11524 scenic Hills Blvd Hudson FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMPSON, NEIL 11524 SCENIC HILLS BLVD HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Karen Rumpitz 11524 scenic Hills Blvd Hudson FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO WASHBURN, PAMELA S 11524 SCENIC HILLS BLVD HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Paul Kelly 11524 scenic Hills Blvd Hudson FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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><i>P.J. Jones</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u><i>4/4/06</i></u>		Daytime Phone #: <u><i>727 868-8680</i></u>