

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-14-2007 90058 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**

1001111



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

01242007 Chg-NP CR2E037 (12/06)

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

**PREMIER COMMUNITY CONSULTANTS
18215 BRANCH RD
HUDSON, FL 34667**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 ☒ Delete
NAME JONES, TJ
STREET ADDRESS 11524 SCENIC HILLS BLVD
CITY-ST-ZIP HUDSON, FL 34667

TITLE VPD ☐ Delete
NAME THOMPSON, NEIL
STREET ADDRESS 11524 SCENIC HILLS BLVD
CITY-ST-ZIP HUDSON, FL 34667

TITLE SD ☒ Delete
NAME RUMPTZ, KAREN
STREET ADDRESS 11524 SCENIC HILLS BLVD
CITY-ST-ZIP HUDSON, FL 34667

TITLE T ☐ Delete
NAME KELLY, PAUL
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** ☐ Change ☒ Addition
NAME **Pete Leveille**
STREET ADDRESS **11524 Scenic Hills Blvd**
CITY-ST-ZIP **Hudson FL 34667**

TITLE **DS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **Lawrence Hunter**
STREET ADDRESS **11524 Scenic Hills Blvd**
CITY-ST-ZIP **Hudson FL 34667**

TITLE **DP** ☒ 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:

Paul J. Kelly President 2/7/07 721 868 8680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #