## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000001597

FILED Mar 09, 2011 Secretary of State

Entity Name: LAKESTONE VILLAGE OF HERITAGE SPRINGS, INC.

Current Principal Place of Business: New Principal Place of Business:

40347 US HWY 19N, STE 229 TARPON SPRINGS, FL 34489

Current Mailing Address: New Mailing Address:

40347 US HWY 19N STE 229

TARPON SPRINGS, FL 34689 US

FEI Number: 02-0681158 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RANALLO, JIM

40347 US HWY 19 N STE 229

TARPON SPRINGS, FL 34689 US

RANALLO, JAMES J

40347 US HWY 19 N STE 229

TARPON SPRINGS, FL 34689 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: JAMES J RANALLO 03/09/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: TD

 Name:
 REINWALD, TONI

 Address:
 40347 US 19 N, STE 229

 City-St-Zip:
 TARPON SPRINGS, FL 34689

Title: PD

Name: CALLAN, JOE

Address: 40347 US 19 N, STE 229 City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD

 Name:
 WASKELIS, JUDY

 Address:
 40347 US 19 N, STE 229

 City-St-Zip:
 TARPON SPRINGS, FL 34689

Title:

 Name:
 REINWALD, CHUCK

 Address:
 40347 US 19 N, STE 229.

 City-St-Zip:
 TARPON SPRINGS, FL 34689

Title: VPD

Name: MOODY, GUS

Address: 40347 US 19 N, STE 229 City-St-Zip: TARPON SPRINGS, FL 34689

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: JAMES J RANALLO AGNT 03/09/2011