

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001600

FILED  
Jan 31, 2009  
Secretary of State

**Entity Name:** GENTLE BREEZE VILLAGE OF HERITAGE SPRINGS, INC.

**Current Principal Place of Business:**

404347 US 19 N  
STE 229  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

404347 US 19 N  
STE 229  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

**FEI Number:** 02-0681151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RANALLO, JIM  
404347 US 19 N  
STE 229  
TARPON SPRINGS, FL 34689 US

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

CITADEL PROPERTYT MANAGEMENT GRP INC  
404347 US 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: JIM RANALLO, LCAM

01/31/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: KLAUWIKOFISKY, JONNY  
Address: 1615 ARBOR KNOLL LOOP  
City-St-Zip: TRINITY, FL 34655

Title: DV ( ) Delete  
Name: WOFFORD, JIM  
Address: 1632 ARBOR KNOLL LOOP  
City-St-Zip: TRINITY, FL 34655

Title: SD ( ) Delete  
Name: TESSICINI, BARB  
Address: 1649 ARBOR KNOLL LOOP  
City-St-Zip: TRINITY, FL 34655

Title: D (X) Delete  
Name: SEARS, PEGGY  
Address: 1649 ARBOR KNOLL LOOP  
City-St-Zip: TRINITY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: SEARS, MARGARET  
Address: 1648 ARBOR KNOLL LOOP  
City-St-Zip: TRINITY, FL 34655

Title: VPTD (X) Change ( ) Addition  
Name: SCHEELE, KEN  
Address: 1619 ARBOR KNOLL LOOP  
City-St-Zip: TRINITY, FL 34655

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JIM RANALLO, LCAM

MGR

01/31/2009

Electronic Signature of Signing Officer or Director

Date