

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90164 019 ****61.25

DOCUMENT # N03000009207

1. Entity Name
EGRET LANDING VILLAGE OF HERITAGE SPRINGS, INC.



Principal Place of Business
4902 EISENHOWER BLVD.
SUITE 380
TAMPA, FL 33634

Mailing Address
4902 EISENHOWER BLVD.
SUITE 380
TAMPA, FL 33634

54052882



2. Principal Place of Business
11345 ROBERT TRENT JONES PKW
3. Mailing Address
11345 ROBERT TRENT JONES PKW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072004 Chg-NP CR2E037 (10/03)

City & State
NEW PORT RICHEY FL
Zip
34655
Country

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NEW PORT RICHEY FL
Zip
34655
Country

4. FEI Number
06-1719551
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALENTI, BETTY
4902 EISENHOWER BLVD.
SUITE 380
TAMPA, FL 33634

7. Name and Address of New Registered Agent

Name
KRACH, MITCHELL
Street Address (P.O. Box Number is Not Acceptable)
11345 ROBERT TRENT JONES PARKWAY
City
NEW PORT RICHEY FL Zip Code
34655

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, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
VP
KRACH, MITCHELL
11345 ROBERT TRENT JONES PARKWAY
NEW PORT RICHEY FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
PD
EICHMOLT, LEWIS JR
11345 ROBERT TRENT JONES PARKWAY
NEW PORT RICHEY FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
STD
LUKASZEWSKI, JOHN L. JR.
11345 ROBERT TRENT JONES PARKWAY
NEW PORT RICHEY FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D
BARBER, NORMAN
11345 ROBERT TRENT JONES PARKWAY
NEW PORT RICHEY FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

MITCHELL KRACH 4/23/04 727-372-5411

Date

Signature Printed