

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000009207

FILED  
Jan 18, 2006  
Secretary of State

**Entity Name:** EGRET LANDING VILLAGE OF HERITAGE SPRINGS, INC.

**Current Principal Place of Business:**

11345 ROBERT TRENT JONES PKWY  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

40347 US 19 N  
STE 299  
TARPON SPRINGS, FL 34689 US

**Current Mailing Address:**

11345 ROBERT TRENT JONES PKWY  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

40347 US 19 N  
STE 229  
TARPON SPRINGS, FL 34689 US

**FEI Number:** 06-1719551      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KRACH, MITCHELL  
11345 ROBERT TRENT JONES PKWY  
NEW PORT RICHEY, FL 34655 US

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

RANALLO, JIM  
40347 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

01/18/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: KRACH, MITCHELL  
Address: 11345 ROBERT TRENT JONES PKWY  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: PD ( ) Delete  
Name: EICHHOLT, LEWIS JR  
Address: 11345 ROBERT TRENT JONES PKWY  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete  
Name: BARBER, NORMAN  
Address: 11345 ROBERT TRENT JONES PKWY  
City-St-Zip: NEW PORT RICHEY, FL 34655

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

Title: MD (X) Change ( ) Addition  
Name: RANALLO, JIM  
Address: 40347 US 19 N, STE 229  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PD (X) Change ( ) Addition  
Name: EICHHOLT, LEWIS JR  
Address: 600 N WESTSHORE BLVD, STE 400  
City-St-Zip: TAMPA, FL 33609

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

I hereby certify that the information supplied with this filing does not qualify for the 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

MD

01/18/2006

Electronic Signature of Signing Officer or Director

Date