2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2009
Secretary of State

DOCUMENT# N03000009207

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

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

FEI Number: 06-1719551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RANALLO, JIM LCAM
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, LCAM 01/31/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TREMBA, GREGORY
Address: 1540 ARLINGTON OAKS CT
City-St-Zip: TRINITY, FL 34655

Title: TD ( ) Delete
Name: ANGELONE, DON
Address: 12210 ARRON TERRACE
City-St-Zip: TRINITY, FL 34655

Title: SD ( ) Delete
Name: BAKER, HELEN
Address: 1532 ARLINGTON OAKS CT
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: ANGELONE, DON
Address: 12210 ARRON TERRACE
City-St-Zip: TRINITY, FL 34655

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