

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90048 014 \*\*\*\*61.25

DOCUMENT # N04000000497

1. Entity Name  
HERITAGE GLEN VILLAGE OF HERITAGE PINES, INC.



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

Mailing Address  
4902 EISENHOWER BLVD SUITE 380  
TAMPA, FL 33634

2. Principal Place of Business - No. P.O. Box #  
11524 SCENIC HILLS BLVD 18215 Branch Rd  
Suite, Apt. #, etc.

City & State  
Hudson FL  
Zip  
34667  
Country  
USA

03192007 Chg-NP CR2E037 (12/06)

4. FEI Number  
20-0947837  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MULLIGAN, EVANS  
11524 SCENIC HILLS BLVD.  
HUDSON, FL 34667

7. Name and Address of New Registered Agent

Name  
Pamela S Washburn  
Street Address (P.O. Box Number is Not Acceptable)  
18215 Branch Rd  
City  
Hudson FL Zip  
34667

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  
Pamela S Washburn  
Pamela S Washburn 3/19/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25  
Due by May 1, 2007

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GOULD, GEORGE	
STREET ADDRESS	11524 SCENIC HILLS	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	VANDERVLIS, GERRY	
STREET ADDRESS	11524 SCENIC HILLS	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PAGE, VAL	
STREET ADDRESS	11524 SCENIC HILLS BLVD.	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	STOEHS, BILL	
STREET ADDRESS	11524 SCENIC HILLS BLVD.	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Arford	
STREET ADDRESS	11524 SCENIC HILLS BLVD	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	ID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin McCrystal	
STREET ADDRESS	11524 SCENIC HILLS BLVD	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sal Cuciniello	
STREET ADDRESS	11524 SCENIC HILLS BLVD	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chuck Ainsworth	
STREET ADDRESS	11524 SCENIC HILLS BLVD	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Kaufman	
STREET ADDRESS	11524 SCENIC HILLS BLVD	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kevin J. McCrystal  
Kevin McCrystal 4/20/07 727 868 9080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #