

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000497

FILED  
Mar 12, 2011  
Secretary of State

**Entity Name:** HERITAGE GLEN VILLAGE OF HERITAGE PINES, INC.

**Current Principal Place of Business:**

18215 BRANCH RD  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

18215 BRANCH RD  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** 20-0947837

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PREMIER COMMUNITY CONSULTANTS, INC.  
18215 BRANCH RD  
HUDSON, FL 34667 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: AXFORD, MICHAEL  
Address: 18214 BRANCH RD  
City-St-Zip: HUDSON, FL 34667

Title: TD  
Name: MCCRYSTAL, KEVIN  
Address: 18215 BRANCH RD  
City-St-Zip: HUDSON, FL 34667

Title: SD  
Name: CUCINIELLO, SAL  
Address: 18215 BRANCH RD  
City-St-Zip: HUDSON, FL 34667

Title: VPD  
Name: AINSWORTH, CHUCK  
Address: 18215 BRANCH RD  
City-St-Zip: HUDSON, FL 34667

Title: VPD  
Name: KAUFMAN, RICHARD  
Address: 18215 BRANCH RD  
City-St-Zip: HUDSON, FL 34667

I hereby 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 all other like empowered.

SIGNATURE: PAMELA S. WASHBURN

AGT

03/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date