


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90283 037 \*\*\*\*61.25

<b>DOCUMENT # N04000000711</b> 1. Entity Name <b>GRAND PINES VILLAGE OF HERITAGE PINES, INC.</b>					
Principal Place of Business <b>4902 EISENHOWER BLVD SUITE 380 TAMPA FL 33634</b>			Mailing Address <b>4902 EISENHOWER BLVD SUITE 380 TAMPA FL 33634</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>20-0947893</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VALENTI, BETTY 4902 EISENHOWER BLVD SUITE 380 TAMPA FL 33634</b>				7. Name and Address of New Registered Agent Name <b>Pamela S Washburn</b> Street Address (P.O. Box Number is Not Acceptable) <b>11524 Scenic Hills Blvd</b> City <b>Hudson</b> <b>FL</b> Zip Code <b>34667</b>	
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 <u>Pamela S Washburn</u> <u>VP Oper</u> <u>2/18/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			<b>DP DUSTY EICHMOT 11524 SCENIC HILLS BLVD. HUDSON FL. 34667</b>		
			<b>DVP SHARON COVELL 11524 SCENIC HILLS BLVD HUDSON FL. 34667</b>		
			<b>DST BILL KOUNEN HAVEN 11524 SCENIC HILLS BLVD HUDSON FL. 34667</b>		
			<b>VPO PAMELA S. WASHBURN 11524 SCENIC HILLS BLVD HUDSON FL. 34667</b>		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <u>Pamela S Washburn</u> <u>2/18/05</u> <u>727 861 7784</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					