2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Apr 20, 2007 8:00 am Secretary of State DOCUMENT # N04000000711 04-20-2007 90081 018 ****61.25 GRAND PINES VILLAGE OF HERITAGE PINES, INC. Principal Place of Business Mailing Address 4902 EISENHOWER BLVD-SUITE 380 4902 EISENHOWER BLVD SUITE 380 TAMPA, FL 33634 TAMPA, FL -33634. 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Scenic <u>524 Sceni</u> Suite, Apt. #, etc Suite, Apt. #, etc. 04062007 CR2E037 (12/06) Chq-NP Applied For City & State City & State 4. FEI Number 20-0947893 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required JSA 120 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MULLIGAN, EVANS Street Address (P.O. Box Number is Not Acceptable) 11524 SCENIC HILLS BLVD HUDSON, FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 TITLE ☐ Delete TITLE ☐ Change Addition arl Astuto MOHNEY GLEN NAME NAME 11524 Scenic Hills Blvd 11524 SCENIC HILLS STREET ADDRESS STREET ADDRESS HUDSON, FL 34667 CITY-ST-ZIP CITY-ST-ZIP Delete VP TITLE TITLE Change Addition SUTER, NANCY NAME NAME 11524 SCENIC HILLS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HUDSON, FL 34667 CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME LIFTON, BARRY NAME 11524 SCENIC HILLS STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HUDSON, FL 34667 TITLE ☐ Change Addition TITLE Delete CAIAZZO, FRANK NAME NAME 11524 SCENIC HILLS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HUDSON, FL 34667 Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Daytime Phone #

From: Grand Pines Village

To: FLORIDA DEPARTMENT OF STATE-FLADEP

DIVISION OF CORPORATIONS

PO BOX 1500

CheckDate 04/06/2007

CheckAmount \$*****61.25

CheckNumber

00001022

TALLAHASSEE, FL 32301-1500-Description Invoice_ Date_ GL Acct Gross Net_ 5/2007 04/06/2007 FEI # 20-0947893 6125/00 \$61.25

From: Grand Pines Village

To: FLORIDA DEPARTMENT OF STATE-FLADEP

DIVISION OF CORPORATIONS

PO BOX 1500

CheckDate 04/06/2007

CheckAmount

\$*****61.25

CheckNumber

00001022

| TALLAHASSEE, FL-32301-1500 | | | | | | | | |
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| 5/2007 | 04/06/2007 | FEI # 20-0947893 | \$61.25 | 6125/00 | \$61.25 | | | |
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DO NOT CASH THIS CHECK UNLESS YOU CAN SEE THE VERIFY FIRST "TRUE" WATERMARK IN THE PAPER

Grand Pines Village 11524 Scenic Hills Blvd. Hudson, FL 34667-5601 Wachovia Bank

63-631/134

00001022

Date 04/06/2007

Sixty One And 25/100 Dollars Only Pay

To The

FLORIDA DEPARTMENT OF STATE

Order Of:

DIVISION OF CORPORATIONS

PO BOX 1500

TALLAHASSEE, FL 32301-1500

HOLD UP TO LIGHT TO VIEW SAFETY FEATURES

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

| _ | ANNUAL | . REPORT | | | | |
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| | MENT # N0400000 | A | | | | |
| 1. Entity Nam GRAND I | PINES VILLAGE OF HERIT | AGE PINES, INC. | | | | |
| | | | Page H mate | | ATTACHMENT | |
| Principal Place 4902 EISENI TAMPA; FL | HOWER-BLVD SUITE 380 | Mailing Address -4902 EISENHOWER BLV TAMPA, FL-33634 | 1902 EISENHOWER BLVD SUITE 380 | | 41 IVALIME. | |
| | , | | | LIR | 172583 | |
| | Scenic Hills Blue | 3. Mailing Address | Hills Blue | | | • |
| Suite, Apt. | | Suite, Apt. #, etc. | | 0.4000007 | g-NP CR2E037 (12/06 |) |
| City & Stat | on FL | City & State | F-4 | 4. FEI Number 20-0947893 | າ | Applied For Not Applicable |
| 3466 | Country | 34667 | Country USA | 5. Certificate of Sta | stus Desired | |
| | 6. Name and Address of Current | Registered Agent | Name | 7. Name and Addr | ess of New Registered Agent | |
| MULLIGAN | N, EVANS ENIC HILLS BLVD | | | SS (P.Q. Box Number is N | WAIKOWIAK | |
| HUDSON, | | | 115a4 | Scenic | Hills Blvd | |
| | | | City | lson | FL Zip C | ode |
| | named entity submits this statement to ions of registered agent. | or the purpose of changing its r | egistered office or regis | | he State of Florida. I am familiar wi | th, and accept |
| the bongar | (1) | | | | | |
| SIGNATURE | Signature, typed or proved name of registered agent | and title if applicable. (NOTE: | Registered Agent signature requ | ured when reinstating) | DATE | . |
| Filing Fee is \$61.25 9. Election Campaign Financ Due by May 1, 2007 Trust Fund Contribution. | | | | | | |
| | _ | | | \$5.00 May Be Added to Fees | Make check payable Florida Department of | |
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| HILE | OFFICERS AND DIE | Trust Fund Co | ontribution. | Added to Fees ADDITIONS/CHANGE | Florida Department of S TO OFFICERS AND DIRECTORS | State IN 10 |
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