

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90081 018 \*\*\*\*61.25

<b>DOCUMENT # N04000000711</b>					
<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 - No P.O. Box #</b> 11524 Scenic Hills Blvd		<b>3. Mailing Address</b> 11524 Scenic Hills Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Hudson FL		<b>City &amp; State</b> Hudson FL		<b>4. FEI Number</b> 20-0947893	
<b>Zip</b> 34667		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MULLIGAN, EVANS 11524 SCENIC HILLS BLVD HUDSON, FL 34667			<b>7. Name and Address of New Registered Agent</b> Name: Doug WALKOWIAK Street Address (P.O. Box Number is Not Acceptable): 11524 Scenic Hills Blvd City: Hudson FL Zip Code: 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.</b>					
SIGNATURE: <u>Doug Walkowiak</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<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>		
<b>TITLE</b> P	<b>NAME</b> MOHNEY, GLEN		<b>TITLE</b> S	<b>NAME</b> Carl Astuto	
<b>STREET ADDRESS</b> 11524 SCENIC HILLS	<b>CITY - ST - ZIP</b> HUDSON, FL 34667		<b>STREET ADDRESS</b> 11524 Scenic Hills Blvd	<b>CITY - ST - ZIP</b> Hudson, FL 34667	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> VP	<b>NAME</b> SUTER, NANCY		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 11524 SCENIC HILLS			<b>CITY - ST - ZIP</b> HUDSON, FL 34667		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> S	<b>NAME</b> LIFTON, BARRY		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 11524 SCENIC HILLS			<b>CITY - ST - ZIP</b> HUDSON, FL 34667		
<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> T	<b>NAME</b> CAIAZZO, FRANK		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 11524 SCENIC HILLS			<b>CITY - ST - ZIP</b> HUDSON, FL 34667		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 			<b>CITY - ST - ZIP</b> 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 			<b>CITY - ST - ZIP</b> 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		

**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:** Glen Mohney 4/17/2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

From: Grand Pines Village  
To: FLORIDA DEPARTMENT OF STATE-FLADEP  
DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FL 32301-1500

CheckDate  
04/06/2007

CheckAmount  
\$\*\*\*\*\*61.25

CheckNumber  
00001022

ATTACHMENT

Invoice	Date	Description	Gross	GL Acct	Net
5/2007	04/06/2007	FEI # 20-0947893 40072583 #104000000711	\$61.25	6125/00	\$61.25

From: Grand Pines Village  
To: FLORIDA DEPARTMENT OF STATE-FLADEP  
DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FL 32301-1500

CheckDate  
04/06/2007

CheckAmount  
\$\*\*\*\*\*61.25

CheckNumber  
00001022

Invoice	Date	Description	Gross	GL Acct	Net
5/2007	04/06/2007	FEI # 20-0947893	\$61.25	6125/00	\$61.25

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

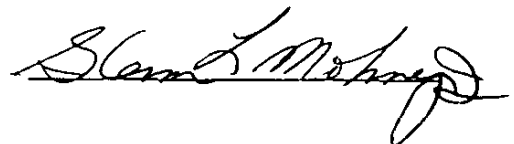
04/06/2007

Amount

\$\*\*\*\*\*61.25


Pay Sixty One And 25/100 Dollars Only

To The  
Order Of: FLORIDA DEPARTMENT OF STATE  
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

DOCUMENT # N04000000711	
1. Entity Name GRAND PINES 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
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2. Principal Place of Business - No P.O. Box # 11524 Scenic Hills Blvd	3. Mailing Address 11524 Scenic Hills Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hudson FL	City & State Hudson FL
Zip 34667	Zip 34667
Country USA	Country USA

04062007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-0947893	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 Doug Walkowiak	
Street Address (P.O. Box Number is Not Acceptable) 11524 Scenic Hills Blvd	
City Hudson	FL Zip Code 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 Doug Walkowiak

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	P MOHNEY, GLEN 11524 SCENIC HILLS HUDSON, FL 34667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SUTER, NANCY 11524 SCENIC HILLS HUDSON, FL 34667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LIFTON, BARRY 11524 SCENIC HILLS HUDSON, FL 34667 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CAIAZZO, FRANK 11524 SCENIC HILLS HUDSON, FL 34667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5 Carl Astuto 11524 Scenic Hills Blvd Hudson, FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE Glen M. Mohney  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2007  
Date

Daytime Phone #

ATTACHMENT

40072583