

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90356 037 ****61.25

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DOCUMENT # N04000003152

1. Entity Name
LAKE VIEW VILLAGE OF HERITAGE PINES, INC.



Principal Place of Business
11524 SCENIC HILLS BLVD
HUDSON, FL 34667 US

Mailing Address
11524 SCENIC HILLS BLVD
HUDSON, FL 34667 US

2. Principal Place of Business
11524 Scenic Hills Blvd

3. Mailing Address
Suite, Apt. #, etc.

City & State
Hudson, FL

Zip
34667

Country
USA

03312006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-2062045

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WASHBURN, PAMELA S
11524 SCENIC HILLS BLVD
HUDSON, FL 34667

7. Name and Address of New Registered Agent
Name
Evans Mulligan
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 *[Signature]* *Evans Mulligan* *4.19.06*
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, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EICHHOLT, DUSTY 11524 SCENIC HILLS BLVD HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Michael Cacion</i> <i>Secy</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>11524 Scenic Hills Blvd</i> <i>Hudson, FL 34667</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COVELL, SHARON 11524 SCENIC HILLS BLVD HUDSON, FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Kevin Klarkowski</i> <i>11524 Scenic Hills Blvd</i> <i>Hudson, FL 34667</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO WASHBURN, PAMELA S 11524 SCENIC HILLS BLVD HUDSON, FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* *DUSTY EICHHOLT* *4/12/06* *727 861-7784*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #