

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90014 012 \*\*\*\*61.25

<b>DOCUMENT # N04000003152</b> 1. Entity Name <b>LAKE VIEW VILLAGE OF HERITAGE PINES, INC.</b>					
Principal Place of Business <b>11524 SCENIC HILLS BLVD HUDSON, FL 34667 US</b>				Mailing Address <b>11524 SCENIC HILLS BLVD HUDSON, FL 34667 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5609 US 19</b>		3. Mailing Address <b>5609 US 19</b>		  01242007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. <b>Ste E</b>		Suite, Apt. #, etc. <b>Ste E</b>			
City & State <b>New Port Richey, FL</b>		City & State <b>New Port Richey, FL</b>			
Zip <b>34652</b>		Zip <b>34652</b>			
4. FEI Number <b>20-2062045</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</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 Name <b>Community Management Svcs</b> Street Address (P.O. Box Number is Not Acceptable) <b>5609 US 19</b> <b>Ste E</b> City <b>New Port Richey FL</b> Zip Code <b>34652</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></u> <span style="float: right;">4/20/07</span> <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>		9. Election Campaign Financing 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>	
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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ROBERT C. HELGESEN 1174 SCENIC HILLS BLVD HUDSON, FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BP KLARKOWSKI, KEVIN 11524 SCENIC HILLS BLVD HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GORDON MCLAUGHLIN 11721 SCENIC HILLS BLVD HUDSON, FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CACHON, MICHAEL 11524 SCENIC HILLS BLVD HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA PETER FINN 11738 SCENIC HILL BLVD HUDSON, FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC JOSEPH RUTKOWSKI 11705 SCENIC HILLS BLVD HUDSON, FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR VITO VARANO 11744 SCENIC HILLS BLVD HUDSON, FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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: <u></u> <span style="float: right;">4/20/07 (727) 860-4250</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					