

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003152

FILED
Mar 02, 2011
Secretary of State

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

Current Principal Place of Business:

5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 20-2062045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC.
5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HELGESEN, ROBERT
Address: 5837 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPD
Name: JOHNSON, ROBERT
Address: 5837 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD
Name: WALLNER, CAROLYN
Address: 5837 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD
Name: RUTKOWSKI, JOE
Address: 5837 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D
Name: ANDRE, GENE
Address: 5837 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIM JOHNSON

RA

03/02/2011

Electronic Signature of Signing Officer or Director

Date