

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90356 034 \*\*\*\*61.25

<b>DOCUMENT #</b> N04000003153	
1. Entity Name PINE MEADOW VILLAGE OF HERITAGE PINES, INC.	

**60029491**



03312006 Chg-NP CR2E037 (11/05)

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 <i>11524 Scenic Hills Blvd</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Hudson</i>	City & State
Zip <i>34667</i>	Country <i>USA</i>

4. FEI Number 20-2062171	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WASHBURN, PAMELA S 11524 SCENIC HILLS BLVD HUDSON, FL 34667	
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7. Name and Address of New Registered Agent Name <i>Evans Mulligan</i> Street Address (P.O. Box Number is Not Acceptable) <i>11524 Scenic Hills Blvd</i> City <i>Hudson</i> FL Zip Code <i>34667</i>	
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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 Gen mgr* *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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
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	DVP COVELL, SHARON 11524 SCENIC HILLS BLVD HUDSON, FL 34667 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KOUWENHOVEN, BILL 11524 SCENIC HILLS BLVD HUDSON, FL 34667 <input checked="" type="checkbox"/> Delete
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"/> 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	<i>Michael CACHON Sec/Treas</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	<i>VP Kevin Klarkowski</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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* *DUSTY EICHHOLT* *4/12/06* *727 861-7784*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #