

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90058 030 \*\*\*\*61.25

<b>DOCUMENT # N04000003153</b> 1. Entity Name PINE MEADOW VILLAGE OF HERITAGE PINES, INC.					
Principal Place of Business 11524 SCENIC HILLS BLVD HUDSON, FL 34667			Mailing Address 4902 EISENHOWER BLVD SUITE 380 TAMPA, FL 33634		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>Ch Premier Comm Consult</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <i>18215 Branch Rd</i>		01242007 Chg-NP CR2E037 (12/06)	
City & State 		City & State <i>Hudson FL</i>		4. FEI Number 20-2062171	
Zip 		Country 		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 <i>Pamela S Washburn</i> Street Address (P.O. Box number is Not Acceptable) <i>18215 Branch Rd</i> City <i>Hudson</i> FL <i>34667</i>			
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 <i>Pamela S Washburn</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE <i>1/25/07</i>	
<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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
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	DP <i>Melvin Wells</i> <i>11524 Scenic Hills Blvd</i> <i>Hudson FL 34667</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CALHON, MICHAEL 11524 SCENIC HILLS BLVD HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <i>Sally Coppola</i> <i>11524 Scenic Hills Blvd</i> <i>Hudson, FL 34667</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLATKOWSKI, KEVIN 11524 SCENIC HILLS BLVD HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <i>Paul Bosco</i> <i>11524 Scenic Hills Blvd</i> <i>Hudson FL 34667</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <i>Karen Pipes</i> <i>11524 Scenic Hills Blvd</i> <i>Hudson FL 34667</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <i>Bill Moon</i> <i>11524 Scenic Hills Blvd</i> <i>Hudson FL 34667</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>Melvin Wells</i> President		Date <i>1/25/07</i> Daytime Phone # <i>727 8688680</i>	