

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003153

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: PINE MEADOW VILLAGE OF HERITAGE PINES, INC.

## Current Principal Place of Business:

11524 SCENIC HILLS BLVD  
HUDSON, FL 34667

## New Principal Place of Business:

18215 BRANCH RD  
HUDSON, FL 34667

## Current Mailing Address:

C/O PREMIER COMM CONSULT  
18215 BRANCH RD  
HUDSON, FL 34667

## New Mailing Address:

FEI Number: 20-2062171      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WASHBURN, PAMELA  
18215 BRANCH RD  
HUDSON, FL 34667      US

## Name and Address of New Registered Agent:

PREMIER COMMUNITY CONSULTANTS, INC.  
18215 BRANCH RD  
HUDSON, FL 34667      US

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: PAMELA S WASHBURN

04/25/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP      ( ) Delete  
Name: WELLS, MELVIN  
Address: 11524 SCENIC HILLS BLVD  
City-St-Zip: HUDSON, FL 34667

Title: DVP      ( ) Delete  
Name: COPPOLA, SALLY  
Address: 11524 SCENIC HILLS BLVD  
City-St-Zip: HUDSON, FL 34667

Title: DVP      ( ) Delete  
Name: BOSCE, PAUL  
Address: 11524 SCENIC HILLS BLVD  
City-St-Zip: HUDSON, FL 34667

Title: DS      ( ) Delete  
Name: PIPES, KAREN  
Address: 11524 SCENIC HILLS ROAD  
City-St-Zip: HUDSON, FL 34667

Title: DT      ( ) Delete  
Name: MOON, BILL  
Address: 11524 SCENIC HILLS BLVD  
City-St-Zip: HUDSON, FL 34667

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP      (X) Change ( ) Addition  
Name: CHRISTISON, MARY  
Address: 11524 SCENIC HILLS BLVD  
City-St-Zip: HUDSON, FL 34667

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAMELA S WASHBURN

AGT

04/25/2008

Electronic Signature of Signing Officer or Director

Date