


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90812 001 ***306.25

DOCUMENT # N04000003154 1. Entity Name PINE CREST VILLAGE OF HERITAGE PINES, INC.					
Principal Place of Business 4902 EISENHOWER BLVD SUITE 380 TAMPA FL 33634			Mailing Address 4902 EISENHOWER BLVD SUITE 380 TAMPA FL 33634		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-2062122	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VALENTI, BETTY 4902 EISENHOWER BLVD SUITE 380 TAMPA FL 33634				7. Name and Address of New Registered Agent Name Pamela S. Washburn Street Address (P.O. Box Number is Not Acceptable) 11524 SCENIC HILLS BLVD City Hudson FL Zip Code 34667	
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 Pamela S. Washburn VPOper DATE 2/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			DP DUSTY EICHOLT 11524 SCENIC HILLS BLVD HUDSON FL. 34667		
			DVP SHARON COVELL 11524 SCENIC HILLS BLVD HUDSON FL. 34667		
			DST BILL KOUWENHOVEN 11524 SCENIC HILLS BLVD HUDSON FL 34667		
			VPO PAMELA S. WASHBURN 11524 SCENIC HILLS BLVD HUDSON FL 34667		
				<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 exemption stated in Section 119.07(3)(i), 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: Pamela S. Washburn VPOper DATE 2/18/05 Daytime Phone # 727 861 7784 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					