

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90356 035 ****61.25

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 11524 Scenic Hills Blvd		3. Mailing Address Suite, Apt. #, etc.			
City & State Hudson, FL		City & State Hudson, FL		4. FEI Number 20-2062122	
Zip 34667		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WASHBURN, PAMELA S 11524 SCENIC HILLS BLVD HUDSON, FL 34667			7. Name and Address of New Registered Agent Name: Evans Mulligan 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: <i>[Signature]</i> Evans Mulligan Gen Mgr. 4-19-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP	NAME EICHHOLT, DUSTY		TITLE Sec/Treas	NAME Michael Cachon	
STREET ADDRESS 11524 SCENIC HILLS BLVD	CITY-ST-ZIP HUDSON, FL 34667		STREET ADDRESS 11524 Scenic Hills Blvd	CITY-ST-ZIP Hudson, FL 34667	
TITLE DVP	NAME COVELL, SHARON		TITLE VP	NAME Kevin Klarkowski	
STREET ADDRESS 11524 SCENIC HILLS BLVD	CITY-ST-ZIP HUDSON, FL 34667		STREET ADDRESS 11524 Scenic Hills	CITY-ST-ZIP Hudson, FL 34667	
TITLE DST	NAME KOUWENHOVEN, BILL		[Empty]		
STREET ADDRESS 11524 SCENIC HILLS BLVD	CITY-ST-ZIP HUDSON, FL 34667		[Empty]		
TITLE VPO	NAME WASHBURN, PAMELA S		[Empty]		
STREET ADDRESS 11524 SCENIC HILLS BLVD	CITY-ST-ZIP HUDSON, FL 34667		[Empty]		
TITLE [Empty]	NAME [Empty]		[Empty]		
STREET ADDRESS [Empty]	CITY-ST-ZIP [Empty]		[Empty]		
TITLE [Empty]	NAME [Empty]		[Empty]		
STREET ADDRESS [Empty]	CITY-ST-ZIP [Empty]		[Empty]		
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> DUSTY EICHHOLT			Date: 4/12/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Daytime Phone #: 861-7784		