

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90027 023 \*\*\*\*61.25

**DOCUMENT # N04000003154**

1. Entity Name  
**PINE CREST 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 #  
**5609 US 19**

3. Mailing Address  
**5609 US 19**

Suite, Apt. #, etc.  
**Ste E**

Suite, Apt. #, etc.  
**Ste E**

City & State  
**New Port Richey FL**

City & State  
**New Port Richey FL**

Zip  
**34652**

Country  
**US**

Zip  
**34652**

Country  
**US**

8. Name and Address of Current Registered Agent

**EVANS, MULLIGAN  
 11524 SCENIC HILLS BLVD  
 HUDSON, FL 34667**



04272007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-2062122**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name  
**Community Maint Svcs, Inc**

Street Address (P.O. Box Number is Not Acceptable)  
**5609 US 19**

Suite, Apt. #, etc.  
**Ste E**

City  
**New Port Richey**

State  
**FL**

Zip Code  
**34652**

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]* (NOTE: Registered Agent signature required when reinstating)

DATE: **4/30/07**

Filing Fee is **\$67.25** Due by **May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>EICHHOLT, DUSTY<br>11524 SCENIC HILLS BLVD<br>HUDSON, FL 34667 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>KLARKOWSKI, KEVIN<br>11524 SCENIC HILLS<br>HUDSON, FL 34667    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>CACHON, MICHAEL<br>11524 SCENIC HILLS BLVD<br>HUDSON, FL 34667 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>Lou Guariniello<br>11524 Heritage Point Dr<br>Hudson, FL 34667 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>Lou Holscher -<br>11724 Heritage Point Dr<br>Hudson, FL 34667  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SE<br>matt Bochini<br>11524 Heritage Point Dr<br>Hudson, FL 34667    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Helen Bruninghaus<br>11523 Heritage Pt Dr.<br>Hudson, FL 34667       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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]* **4/30/07** **727 865500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #