

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	4. FEI Number 20-2062122	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent EVANS, MULLIGAN 11524 SCENIC HILLS BLVD HUDSON, FL 34667			7. Name and Address of New Registered Agent Name Community Mgmt Svcs, Inc. Street Address (P.O. Box Number is Not Acceptable) 5609 US 19 Ste E City New Port Richey 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 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$67.25 Due by May 1, 2007		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	DP EICHHOLT, DUSTY 11524 SCENIC HILLS BLVD HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Lou Guariniello 11524 Heritage Point Dr Hudson, FL 34667
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KLARKOWSKI, KEVIN 11524 SCENIC HILLS HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Lou Holscher - 11724 Heritage Point Dr Hudson, FL 34667
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CACHON, MICHAEL 11524 SCENIC HILLS BLVD HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SE matt Boeching 11524 Heritage Point Dr Hudson, FL 34667
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Helen Bruninghaus 11523 Heritage Pt Dr. Hudson, FL 34667
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: 4/30/07 727 865500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					