2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N04000003154

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

Current Principal Place of Business:

5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 20-1388536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC.
5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: HOLSCHER, LOU
Address: 11524 SCENIC HILLS
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete
Name: BOOCHINO, MATT
Address: 11527 HERITAGE POINT DR
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete
Name: FUNDA, LESLIE
Address: 11449 HERITAGE POINT DR
City-St-Zip: HUDSON, FL 34667

Title: P ( ) Delete
Name: CUTSHALL, JAMES
Address: 11443 HERITAGE POINT DR
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete
Name: DUNLEAVY, JOHN
Address: 11347 HERITAGE POINT DR
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CUTSHALL, BART
Address: 11443 HERITAGE POINT DRIVE
City-St-Zip: HUDSON, FL 34667

Title: ST (X) Change ( ) Addition
Name: FUNDA, LESLIE
Address: 11449 HERITAGE POINT DRIVE
City-St-Zip: HUDSON, FL 34667

Title: D (X) Change ( ) Addition
Name: DUNLEAVY, JOHN
Address: 11347 HERITAGE POINT DRIVE
City-St-Zip: HUDSON, FL 34667

Title: VPD (X) Change ( ) Addition
Name: GUARINIELLO, JOAN
Address: 11524 HERITAGE POINT DRIVE
City-St-Zip: HUDSON, FL 34667

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: BART CUTSHALL P 04/21/2009

Electronic Signature of Signing Officer or Director — Date