


**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 # N04000006264

1. Entity Name
SCENIC VIEW ESTATE VILLAGE OF HERITAGE PINES, INC.



Principal Place of Business Mailing Address
**4902 EISENHOWER BLVD., SUITE 380
TAMPA FL 33634** **4902 EISENHOWER BLVD., SUITE 380
TAMPA FL 33634**

66011784



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
20-2062243 Applied For
Not Applicable

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

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** State: **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* *2/18/05*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
DP	DUSTY EICHHOIT	11524 SCENIC HILLS BVD	HUDSON FL. 34667	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DVP	SHARON COVELL	11524 SCENIC HILLS BVD	HUDSON FL. 34667	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DST	BILL KOUWENHOVEN	11524 SCENIC HILLS BVD	HUDSON FL. 34667	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPO	PAMELA S. WASHBURN	11524 SCENIC HILLS BVD	HUDSON FL. 34667	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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* *2/18/05* *727 861 7784*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #