


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

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

05-10-2007 90027 025 \*\*\*\*61.25

**DOCUMENT # N04000006264**

1. Entity Name  
**SCENIC VIEW ESTATE 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 #  
**3609 US 19**

3. Mailing Address  
**3609 US 19**

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

City & State  
**New Port Richey FL**

City & State  
**New Port Richey FL**

Zip  
**34652**

Country  
**US**

04272007 Chg-NP CR2E037 (12/06)

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

**MULLIGAN, EVANS  
 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)  
**3609 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 \_\_\_\_\_ DATE **4/29/07**

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

Filing Fee is **\$81.25** 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		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 type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CACHON, MICHAEL 11524 SCENIC HILLS BLVD HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLARKOWSKI, KEVIN 11524 SCENIC HILLS BLVD HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_ DATE **4/29/07** DAYTIME PHONE # **727 816 9900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR