


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90054 012 ****61.25

DOCUMENT # N04000006264

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



Principal Place of Business
5609 US 19 STE E NEW PORT RICHEY, FL 34652

Mailing Address
5609 US 19 STE E NEW PORT RICHEY, FL 34652



2. Principal Place of Business - No P.O. Box #
5837 Trable Creek Rd.

3. Mailing Address
5837 Trable Creek Rd.

Suite, Apt. #, etc.

01142008 Chg-NP CR2E037 (12/06)

City & State
New Port Richey, FL

City & State
New Port Richey, FL

Zip
34652

Country
USA

Zip
34652

Country
USA

4. FEI Number
~~20-2062249~~ **20-1388504**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
COMMUNITY MGMT SVCS, INC.
5609 US 19
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent

Name
Community Management Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
5837 Trable Creek Rd.

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 _____

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

Filing Fee is \$61.25
Due by May 1, 2008

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	Delete
DP	EICHHOLT, DUSTY	11524 SCENIC HILLS BLVD	HUDSON, FL 34667	<input checked="" type="checkbox"/>
ST	CACHON, MICHAEL	11524 SCENIC HILLS BLVD	HUDSON, FL 34667	<input checked="" type="checkbox"/>
VP	KLARKOWSKI, KEVIN	11524 SCENIC HILLS BLVD	HUDSON, FL 34667	<input checked="" 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	Change	Addition
P	Rosie Tilton	18709 Grand Club Dr.	Hudson, FL 34667	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Al Alberts	18929 Grand Club Dr.	Hudson, FL 34667	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	Dave Fulda	18749 Grand Club Dr.	Hudson, FL 34667	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Diane Stork	18814 Grand Club Dr.	Hudson, FL 34667	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	Patti Boyce	18753 Grand Club Dr.	Hudson, FL 34667	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Dennis Fulda Date: 7-27-86-9900

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