

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006264

FILED
Apr 21, 2009
Secretary of State

Entity Name: SCENIC VIEW ESTATE 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: 20-1388504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANANAGEMENT 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: P () Delete
Name: TILTON, ROSIE
Address: 18709 GRAND CLUB DR.
City-St-Zip: HUDSON, FL 34667

Title: VP () Delete
Name: ALBERTS, AL
Address: 18929 GRAND CLUB DR.
City-St-Zip: HUDSON, FL 34667

Title: S () Delete
Name: FULDA, DAVE
Address: 18749 GRAND CLUB DR.
City-St-Zip: HUDSON, FL 34667

Title: T () Delete
Name: STORK, DIANE
Address: 18844 GRAND CLUB DR.
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: BOYCE, PATTI
Address: 18753 GRAND CLUB DR.
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TILTON, ROSIE
Address: 18709 GRAND CLUB DR.
City-St-Zip: HUDSON, FL 34667

Title: SD (X) Change () Addition
Name: ALBERTS, AL
Address: 18929 GRAND CLUB DR.
City-St-Zip: HUDSON, FL 34667

Title: D (X) Change () Addition
Name: ANDERSON, BRENDA
Address: 18951 GRAND CLUB DRIVE
City-St-Zip: HUDSON, FL 34667

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: BOYCE, PATTI
Address: 18753 GRAND CLUB DR.
City-St-Zip: HUDSON, FL 34667

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: ROSIE TILTON

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date