

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006264

**FILED**  
**Jan 19, 2011**  
**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:**

5837 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5837 TROUBLE CREEK RD.  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

5837 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652

FEI Number: 20-1388504

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  
Name: LENNOX, JAMES  
Address: 5837 TROUBLE CREEK ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: P  
Name: ALBERTS, AL  
Address: 5837 TROUBLE CREEK ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S  
Name: ANDERSON, BRENDA  
Address: 5837 TROUBLE CREEK ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T  
Name: MYERS, THOMAS  
Address: 5837 TROUBLE CREEK ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D  
Name: KENNEDY, EDWARD  
Address: 5837 TROUBLE CREEK ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby 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 all other like empowered.

SIGNATURE: KIM JOHNSON

RA

01/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date