


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90142 014 \*\*\*\*61.25

<b>DOCUMENT # N05000008677</b> 1. Entity Name PINE RIDGE VILLAGE OF HERITAGE PINES HOMEOWNERS ASSOCIATION, 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 # <b>5837 Trable Creek Rd.</b>		3. Mailing Address <b>5837 Trable Creek Rd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>New Port Richey, FL</b>		City & State <b>New Port Richey, FL</b>		4. FEI Number <b>74-3202448</b>	
Zip <b>34652</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  COMMUNITY MGMT SVCS, INC. Z 5609 US 19 N STE E NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent Name <b>Community Management Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5837 Trable Creek Rd.</b> City <b>New Port Richey, FL</b> Zip Code <b>34652</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EICHHOLT, DUSTY 11524 SCENIC HILLS BLVD HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bill Kouwenhoven 600 N Westshore Blvd., Suite 400 Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CACHAN, MICHAEL 11524 SCENIC HILLS BLVD HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mandi Mansour 600 N Westshore Blvd., Suite 400 Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOOTMAN, JOSEPH 11524 SCENIC HILLS BLVD HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Craig Hotop 600 N Westshore Blvd., Suite 400 Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <b>4/14/08</b> <b>727-816-9900</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					