# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 06, 2004 8:00 am**
**Secretary of State**
05-06-2004 90163 023 ****61.25

DOCUMENT # N98000004621

1. Entity Name
GREEN LEAF VILLAGE OF HERITAGE SPRINGS, INC.

54052828

| Principal Place of Business | Mailing Address |
|---|---|
| 11345 ROBT TRENT JONES PARKWAY<br>NEW PORT RICHEY, FL 34665 US | 11345 ROBT TRENT JONES PARKWAY<br>NEW PORT RICHEY, FL 34665 US |

04072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-3573375
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRACH, MITCHELL P GEN MGR
HERITAGE SPRINGS COMM ASSM INC.
11345 ROBERT TRENT JONES PARKWAY
NEW PORT RICHEY, FL 34655

**DO NOT WRITE IN THIS SPACE**

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, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DP |
| NAME | RAYNARD, FLOYD |
| STREET ADDRESS | 11345 ROBERT TRENT JONES PKWY |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34655 |
| TITLE | DS |
| NAME | HARRINGTON, ED |
| STREET ADDRESS | 11345 ROBT TRENT JONES PARKWAY |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34665 |
| TITLE | DT |
| NAME | DWYER, JOAN |
| STREET ADDRESS | 11345 ROBT TRENT JONES PARKWAY |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34665 |
| TITLE | VPO |
| NAME | KRACH, MITCHELL |
| STREET ADDRESS | 11345 ROBT TRENT JONES PARKWAY |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34655 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Mitchell Krach 4/23/04 727-372-5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #