
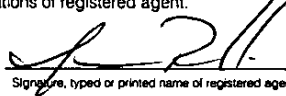
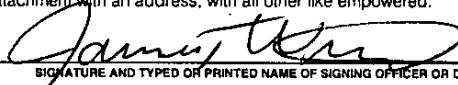


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90159 022 ****61.25

DOCUMENT # N98000004621 1. Entity Name GREEN LEAF VILLAGE OF HERITAGE SPRINGS, INC.					
Principal Place of Business 11345 ROBT TRENT JONES PARKWAY NEW PORT RICHEY, FL 34665 US			Mailing Address 11345 ROBT TRENT JONES PARKWAY NEW PORT RICHEY, FL 34665 US		
2. Principal Place of Business PO Box 1156 Suite, Apt. #, etc.			3. Mailing Address PO Box 1156 Suite, Apt. #, etc.		
City & State DUNEDIN, FL 34697			City & State DUNEDIN, FL 34697		
Zip 34697		Country USA		4. FEI Number 59-3573375	
5. Certificate of Status Desired <input type="checkbox"/>		\$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			7. Name and Address of New Registered Agent Name CITADEL Prop. Mgmt Group Street Address (P.O. Box Number is Not Acceptable) 1388 OVERCASH DR City DUNEDIN FL Zip Code 34698		
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  JIM RAVALLA, CLAM DATE 2/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RAYNARD, FLOYD 11345 ROBERT TRENT JONES PKWY NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P.D. RAYNARD, FLOYD 1152 ALMONDWOOD DR NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HARRINGTON, ED 11345 ROBT TRENT JONES PARKWAY NEW PORT RICHEY, FL 34665 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT DWYER, JOAN 11345 ROBT TRENT JONES PARKWAY NEW PORT RICHEY, FL 34665 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DWYER, JOAN 1202 ALMONDWOOD DR NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPO KRACH, MITCHELL 11345 ROBT TRENT JONES PARKWAY NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO WIXTEAD, JIM 1248 ALMONDWOOD DR NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	
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 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: 			2/28/05 727-734-8451 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		