

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90287 019 \*\*\*\*61.25

**DOCUMENT # N98000004621**

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



Principal Place of Business  
**P O BOX 1156  
DUNEDIN, FL 34697 US**

Mailing Address  
**P O BOX 1156  
DUNEDIN, FL 34697 US**

**60025632**



2. Principal Place of Business  
**40347 US 19 N**  
Suite, Apt. #, etc.  
**Ste 229**

3. Mailing Address  
**40347 US 19 N**  
Suite, Apt. #, etc.  
**Ste 229**

01182006 Chg-NP CR2E037 (11/05)

City & State  
**Tarpon Springs FL**  
Zip  
**34689** Country  
**USA**

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**Tarpon Springs FL**  
Zip  
**34689** Country  
**USA**

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**

**CITANEL-PROP MGMT GROUP  
1388 OVERCASH DR  
DUNEDIN, FL 34698**

**7. Name and Address of New Registered Agent**

Name  
**JIM RANALLO**  
Street Address (P.O. Box Number is Not Acceptable)  
**40347 US 19 N**  
**Ste 229**  
City  
**Tarpon Springs FL** Zip Code  
**34689**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/20/06**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAYNARD, FLOYD 1152 ALMONDWOOD DR NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DWYER, JOAN 1202 ALMONDWOOD DR NEW PORT RICHEY, FL 34665	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIXTEAD, JIM 1248 ALMONDWOOD DR NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CALDERHEAD, BOB 1248 ALMONDWOOD DR. NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORRIS, JACK 1136 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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE

*[Signature]* **JAMES T. WIXTEAD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-3-07 727-938-7730**