

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

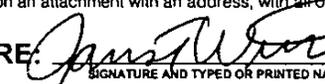
FILED
Apr 10, 2006 8:00 am
Secretary of State

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

60025632



01182006 Chg-NP CR2E037 (11/05)

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	
2. Principal Place of Business 40347 US 19 N Suite, Apt. #, etc. Ste 229 City & State Tarpon Springs FL Zip 34689 Country USA		3. Mailing Address 40347 US 19 N Suite, Apt. #, etc. Ste 229 City & State Tarpon Springs FL Zip 34689 Country USA	
4. FEI Number 59-3573375		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 		DATE 1/20/06	
Filing Fee is \$61.25 Due by May 1, 2006		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	VPD RAYNARD, FLOYD 1152 ALMONDWOOD DR NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CALDEARHEAD, 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 DWYER, JOAN 1202 ALMONDWOOD DR NEW PORT RICHEY, FL 34665 <input checked="" type="checkbox"/> Delete	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	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"/> 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
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 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: 		Date 4-3-07 Daytime Phone # 727-938-7730	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	