

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004621

FILED  
Apr 12, 2011  
Secretary of State

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

**Current Principal Place of Business:**

40347 US 19 N  
STE 229  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

**Current Mailing Address:**

40347 US 19 N  
STE 229  
TARPON SPRINGS, FL 34689 US

**New Mailing Address:**

**FEI Number:** 59-3573375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CITADEL MANAGEMENT  
40347 US 19 N  
STE 229  
TARPON SPRINGS, FL 34689 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WIXTEAD, JIM  
Address: 40347 US 19 N, STE 229  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD  
Name: CALDERHEAD, BOB  
Address: 40347 US 19 N, STE 229  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: STD  
Name: MORRIS, JACK  
Address: 40347 US 19 N, STE 229  
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES J RANALLO

AGNT

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date