

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90356 045 ****61.25

DOCUMENT # N98000004622

1. Entity Name
WATERFALL VILLAGE OF HERITAGE PINES, INC.



Principal Place of Business
11524 SCENIC HILLS BOULEVARD
HUDSON, FL 34667 US

Mailing Address
11524 SCENIC HILLS BOULEVARD
HUDSON, FL 34667 US

2. Principal Place of Business
11524 Scenic Hills Blvd

3. Mailing Address
Suite, Apt. #, etc.

City & State
Hudson FL

Zip
34667

Country



03312006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3558322

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WASHBURN, PAMELA S
11524 SCENIC HILLS BLVD
HUDSON, FL 34667

7. Name and Address of New Registered Agent
Name *EVANS MULLIGAN*
Street Address (P.O. Box Number is Not Acceptable)
11524 Scenic Hills Blvd
City *Hudson* FL Zip Code *34667*

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]* *EVANS Mulligan Gen Mgr.* DATE *4-19-06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remodeling)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, JIM 11524 SCENIC HILL BLVD. HUDSON, FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES Francine Raggi-Collins 11524 Scenic Hills Blvd Hudson FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PLANTE, BETTY 11524 SCENIC HILLS BOULEVARD HUDSON, FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ed Dickerson 11524 Scenic Hills Blvd Hudson FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MANDELL, DAVE 11524 SCENIC HILLS BOULEVARD HUDSON, FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREAS Gertrude Kidner 11524 Scenic Hills Blvd Hudson FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO WASHBURN, PAMELA S 11524 SCENIC HILLS BOULEVARD HUDSON, FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LASCALIA, JIM 11524 SCENIC HILLS BLVD. HUDSON, FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SWARM, JOYCE 11524 SCENIC HILLS BLVD HUDSON, FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Gertrude Kidner* DATE *4-12-06* DAYTIME PHONE # *727 861-7784*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR