


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90048 015 ****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 - No. P.O. Box #
 18215 Branch Rd

3. Mailing Address
 18215 Branch Rd

Suite, Apt. #, etc.

04082007 Chg-NP CR2E037 (12/06)

City & State
 HUDSON FL

City & State
 HUDSON FL

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
 MULLIGAN, EVANS
 11524 SCENIC HILLS BLVD
 HUDSON, FL 34667

7. Name and Address of New Registered Agent
 Name: Premier Community Consultants
 Street Address (P.O. Box Number is Not Acceptable): 18215 Branch Rd
 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: Pamela S. Washburn Pamela S. Washburn 4/16/07
 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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	P RAGGI-COLLINS, FRANCINE 11524 SCENIC HILL BLVD. HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Raggi Collins, Francine <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DICKERSON, ED 11524 SCENIC HILLS BOULEVARD HUDSON, FL 34667 <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	ST KIDNER, GERTRUDE 11524 SCENIC HILLS BOULEVARD HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Kidner, Gertrude <input checked="" 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	VPD Jim Mc Namara <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11524 Scenic Hills Blvd Hudson FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Wayne Morey <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11524 Scenic Hills Blvd Hudson FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asstt/D Fred Slack <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11524 Scenic Hills Blvd Hudson FL 34667

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: FRANCINE RAGGI-COLLINS 4/16/07 227 8688
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #