

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004622

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: WATERFALL VILLAGE OF HERITAGE PINES, INC.

**Current Principal Place of Business:**

18215 BRANCH RD.  
HUDSON, FL 34667 US

**New Principal Place of Business:**

**Current Mailing Address:**

18215 BRANCH RD.  
HUDSON, FL 34667 US

**New Mailing Address:**

FEI Number: 59-3558322      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PREMIER COMMUNITY CONSULTANTS  
18215 BRANCH RD.  
HUDSON, FL 34667 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 ( ) Delete  
Name: RAGGI-COLLINS, FRANCINE  
Address: 11524 SCENIC HILL BLVD.  
City-St-Zip: HUDSON, FL 34667

Title: VDD ( ) Delete  
Name: NAMARA, JIM M  
Address: 11524 SCENIC HILLS BOULEVARD  
City-St-Zip: HUDSON, FL 34667

Title: ST ( ) Delete  
Name: KIDNER, GERTRUDE  
Address: 11524 SCENIC HILLS BOULEVARD  
City-St-Zip: HUDSON, FL 34667

Title: VPD ( ) Delete  
Name: MOREY, WAYNE  
Address: 11524 SCENIC HILLS BLVD.  
City-St-Zip: HUDSON, FL 34667

Title: ATD ( ) Delete  
Name: SLACK, FRED  
Address: 11524 SCENIC HILLS BLVD  
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: RAGGI-COLLINS, FRANCINE  
Address: 11524 SCENIC HILL BLVD.  
City-St-Zip: HUDSON, FL 34667

Title: SD (X) Change ( ) Addition  
Name: SHARP, ANDRE  
Address: 11524 SCENIC HILLS BOULEVARD  
City-St-Zip: HUDSON, FL 34667

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: SLACK, FRED  
Address: 11524 SCENIC HILLS BLVD  
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAMELA S WASHBURN

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

AGT

04/25/2008

\_\_\_\_\_  
Date