2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# N98000004622

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change ( ) Addition
Name: MCKAY, DENISE
Address: 11524 SCENIC HILLS BOULEVARD
City-St-Zip: HUDSON, FL 34667

Title: VPD (X) Change ( ) Addition
Name: ZINZI, CAROL
Address: 11524 SCENIC HILLS BLVD.
City-St-Zip: HUDSON, FL 34667

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

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 AGT 03/28/2009

Electronic Signature of Signing Officer or Director Date