2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State
05-12-2004 90205 007 ****61.25

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DOCUMENT # N98000004625

1. Entity Name
FAIRWAY VILLAGE OF HERITAGE SPRINGS, INC.

Principal Place of Business	Mailing Address
11345 ROBT TRENT JONES PKWY NEW PORT RICHEY, FL 34665 US	11345 ROBT TRENT JONES PKWY NEW PORT RICHEY, FL 34665 US

04072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3579486 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KRACH, MITCHELL P GM HERITAGE SPRINGS COMM, ASSN. INC. 11345 ROBERT TRENT JONES PKWY NEW PORT RICHEY, FL 34655	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2004

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	PD	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	BARHILL, DONALD		NAME	BARNHILL, DONALD	
STREET ADDRESS	11345 ROBT TRENT JONES PKWY		STREET ADDRESS	11345 Robert Trent Jones Parkway	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	New Port Richey 34655	
TITLE	DS	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	ZIMMERMAN, MARILYN		NAME	HEATH, MARJORIE	
STREET ADDRESS	11345 ROBT TRENT JONES PKWY		STREET ADDRESS	11345 Robert Trent Jones Pkwy	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34665		CITY-ST-ZIP	New Port Richey FL 34655	
TITLE	DT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HAMILTON, BOB		NAME		
STREET ADDRESS	11345 ROBERT TRENT JONES PKWY		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	VPO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KRACH, MITCHELL		NAME		
STREET ADDRESS	11345 ROBERT TRENT JONES PKWY		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ MITCHELL KRACH 4/23/04 727-372-5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #