2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90097 029 ****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~~

02052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
40347 US 19 NORTH	P O Box 695
Suite, Apt. #, etc. SUITE 201	Suite, Apt. #, etc.
City & State TARPON SPRINGS, FL	City & State TARPON SPRINGS FL
Zip / Country 34689 / PINELLAS	Zip / Country 34689 / PINELLAS

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 KARAGIANIS, IRENE Street Address (P.O. Box Number is Not Acceptable) 40347 US 19 N, SUITE 201 City: TARPON SPRINGS FL Zip Code: 34689

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: Irene Karagianis IRENE KARAGIANIS 3-08-05
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, 2005

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	PD BARNHILL, DONALD 11345 ROBT TRENT JONES PKWY NEW PORT RICHEY, FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD QUIGLEY JAMES 1217 FLORA VISTA STREET NEW PORT RICHEY, FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HEATH, MARJORIE 11345 ROBT TRENT JONES PKWY NEW PORT RICHEY, FL 34665	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HEATH, MARJORIE 1101 FLORA VISTA STREET NEW PORT RICHEY, FL 34655	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HAMILTON, BOB 11345 ROBERT TRENT JONES PKWY NEW PORT RICHEY, FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HAMILTON, BOB 1224 FLORA VISTA STREET NEW PORT RICHEY, FL 34655	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPO KRACH, MITCHELL 11345 ROBERT TRENT JONES PKWY NEW PORT RICHEY, FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS THOMAS 1104 BLYTH HILL COURT NEW PORT RICHEY, FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 727-942-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #