


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90007 043 \*\*\*\*61.25

<b>DOCUMENT # N98000004626</b>					
<b>1. Entity Name</b> SPRING TREE VILLAGE OF HERITAGE SPRINGS, INC.					
<b>Principal Place of Business</b> 11345 ROBT TRENT JONES PKWY NEW PORT RICHEY, FL 34665 US			<b>Mailing Address</b> PO BOX 1156 DUNEDIN, FL 34697 US		
<b>2. Principal Place of Business</b> 40347 US 19 N, Suite, Apt. #, etc. Ste 229		<b>3. Mailing Address</b> 40347 US 19 N Suite, Apt. #, etc. Ste 229			
City & State Tarpon Springs FL		City & State Tarpon Springs FL		<b>4. FEI Number</b> 59-3579495	
Zip 34689		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CITADEL PROPERTY MANAGEMENT GROUP, INC. 1388 OVERLASH DR DUNEDIN, FL 34698			<b>7. Name and Address of New Registered Agent</b> Name: <u>JIM RANALLO</u> Street Address (P.O. Box Number is Not Acceptable): 40347 US 19 N Suite: <u>Ste 229</u> City: <u>Tarpon Springs</u> <b>FL</b> Zip Code: <u>34689</u>		
<b>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.</b> SIGNATURE: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1/19/06</u>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHERBOURNE, SAYWARD 1031 ALMONDWOOD DR NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TEGARDEN, CAROL 1035 ALMONDWOOD DR TRINITY, FL 34655
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DOUGHERTY, WILLIAM 1047 ALMONDWOOD DR NEW PORT RICHEY, FL 34665	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HAMMAN, BILL 1121 ALMONDWOOD DRIVE TRINITY, FL 34655
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ALBAUGH, JAMES 1048 ALMONDWOOD DR NEW PORT RICHEY, FL 34665	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HAMMAN, BILL 1121 ALMONDWOOD DRIVE TRINITY, FL 34655
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ALBAUGH, JAMES 1048 ALMONDWOOD DR NEW PORT RICHEY, FL 34665	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HAMMAN, BILL 1121 ALMONDWOOD DRIVE TRINITY, FL 34655
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ALBAUGH, JAMES 1048 ALMONDWOOD DR NEW PORT RICHEY, FL 34665	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HAMMAN, BILL 1121 ALMONDWOOD DRIVE TRINITY, FL 34655
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>					
				Date: <u>1/30/06</u>	
				Daytime Phone #: <u>727-938-7730</u>	