


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90032 035 \*\*\*\*61.25

<b>DOCUMENT # N98000004626</b> 1. Entity Name <b>SPRING TREE VILLAGE OF HERITAGE SPRINGS, INC.</b>					
Principal Place of Business <b>40347 US 19 N SUITE 229 TARPON SPRINGS, FL 34689 US</b>			Mailing Address <b>40347 US 19 N SUITE 229 TARPON SPRINGS, FL 34689 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3579495</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RANALLO, JIM 40347 US 19 N SUITE 229 TARPON SPRINGS, FL 34689</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEGARDEN, CAROL		NAME	SHERBOURNE, BARBARA	
STREET ADDRESS	1035 ALMONDWOOD DR		STREET ADDRESS	1031 ALMONDWOOD DR	
CITY-ST-ZIP	TRINITY, FL 34655		CITY-ST-ZIP	TRINITY FL 34655	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGHERTY, WILLIAM		NAME	TORTORICI, TOM	
STREET ADDRESS	1047 ALMONDWOOD DR		STREET ADDRESS	1027 ALMONDWOOD DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34665		CITY-ST-ZIP	TRINITY FL 34655	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMMAN, BILL		NAME	DOUGHERTY, BILL	
STREET ADDRESS	1121 ALMONDWOOD DR		STREET ADDRESS	1047 ALMONDWOOD DR	
CITY-ST-ZIP	TRINITY, FL 34655		CITY-ST-ZIP	TRINITY FL 34655	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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>SIGNATURE:</b> <i>Jim Ranallo Agent</i>			Date: <i>7/7/08</i> Daytime Phone #: <i>727-938-7730</i>		