

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004626

FILED
Apr 22, 2009
Secretary of State

Entity Name: SPRING TREE VILLAGE OF HERITAGE SPRINGS, INC.

Current Principal Place of Business:

40347 US 19 N
SUITE 229
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

40347 US 19 N
SUITE 229
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-3579495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANALLO, JIM
40347 US 19 N
SUITE 229
TARPON SPRINGS, FL 34689 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: PD () Delete
Name: SHERBOURNE, BARBARA
Address: 1031 ALMONDWOOD DR
City-St-Zip: TRINITY, FL 34655

Title: SD () Delete
Name: TORTORICI, TOM
Address: 1027 ALMOND WOOD DR
City-St-Zip: NEW PORT RICHEY, FL 34665

Title: TD () Delete
Name: DOUGHERTY, BILL
Address: 1047 ALMOND WOOD DR
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHERBURNE, BARBARA
Address: 1031 ALMONDWOOD DR
City-St-Zip: TRINITY, FL 34655

Title: STD (X) Change () Addition
Name: ALBAUGH, JIM
Address: 1048 ALMOND WOOD DR
City-St-Zip: NEW PORT RICHEY, FL 34665

Title: VPD (X) Change () Addition
Name: SPAAK, THOMAS
Address: 1009 ALMOND WOOD DR
City-St-Zip: TRINITY, FL 34655

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: JIM RANALLO, LCAM

AGNT

04/22/2009

Electronic Signature of Signing Officer or Director

Date