

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002167

FILED
Jan 07, 2009
Secretary of State

Entity Name: LAKESIDE VILLAGE OF HERITAGE SPRINGS, INC.

Current Principal Place of Business:

1131 ASHBOURNE CIR
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

1131 ASHBOURNE CIR
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 59-3610213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WERTOVITCH, STEVEN
1131 ASHBOURNE CIR
NEW PORT RICHEY, FL 34655 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: DP () Delete
Name: WERTOVICH, STEVE
Address: 1131 ASHBOURNE CIR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DV () Delete
Name: SCHUMER, JUDITH
Address: 1013 ASHBOURNE CIR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DS () Delete
Name: DORNE, ED
Address: 1033 ASHMORE CIR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DT () Delete
Name: CREECH, BILL
Address: 1123 ASHBOURNE CIR
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: DORNE, ED
Address: 1033 ASHBOURNE CIR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN WERTOVITCH

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date