

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-25-2005 90266 009 ****61.25

DOCUMENT # N99000003551					
1. Entity Name PINES WAY VILLAGE OF HERITAGE PINES, INC.					
Principal Place of Business 8056 OLD C.R. 54 NEW PORT RICHEY, FL 34653			Mailing Address 8056 OLD C.R. 54 NEW PORT RICHEY, FL 34653		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01062005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3648889				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, KIM 8056 OLD C.R. 54 NEW PORT RICHEY, FL 34653			7. Name and Address of New Registered Agent Name Community Management Svcs, Inc. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-stating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD NAME O'LEARY, WILLIAM STREET ADDRESS 18321 WHITACRE CIRCLE CITY- ST- ZIP HUDSON, FL 34667	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME LA BONTE, GERARD STREET ADDRESS 18348 WHITACRE CIRCLE CITY- ST- ZIP HUDSON, FL 34667	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME SHINBEIN, MARILYN STREET ADDRESS 18314 WHITACRE CIRCLE CITY- ST- ZIP HUDSON, FL 34667	<input type="checkbox"/> Delete		TITLE D NAME Marilyn Shinbein STREET ADDRESS CITY- ST- ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME MEHLROSE, JOHN STREET ADDRESS 18418 WHITACRE CIRCLE CITY- ST- ZIP HUDSON, FL 34667	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WOODROW, SYMON STREET ADDRESS 18402 WHITACRE CIRCLE CITY- ST- ZIP HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Bob Shinbein STREET ADDRESS 18314 Whitacre Circle CITY- ST- ZIP Hudson, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR</small>					