


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90419 042 ****61.25

DOCUMENT # N99000003551

1. Entity Name
PINES WAY VILLAGE OF HERITAGE PINES, INC.



Principal Place of Business
 % COMMUNITY MANAGEMENT SERVICES, INC.
 5609 US 19 SUITE E
 NEW PORT RICHEY, FL 34652

Mailing Address
 % COMMUNITY MANAGEMENT SERVICES, INC.
 5609 US 19 SUITE E
 NEW PORT RICHEY, FL 34652

2. Principal Place of Business
 5609 US 19 Suite E
 Suite, Apt. #, etc.


3. Mailing Address
 5609 US 19 Suite E
 Suite, Apt. #, etc.

City & State
 New Port Richey, FL

City & State
 New Port Richey, FL

Zip Country
 34652 USA

Zip Country
 34652 USA



01092006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-3648889

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMMUNITY MANAGEMENT SERVICES, INC.
 8056 OLD C.R. 54
 NEW PORT RICHEY, FL 34653

7. Name and Address of New Registered Agent

Name
 Community Management

Street Address (P.O. Box Number is Not Acceptable)
 5609 US 19 Suite E

City
 New Port Richey FL Zip Code
 34652

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 _____
Signature, typed or printed name of registered agent, and if not applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 3/21/06

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'LEARY, WILLIAM 18321 WHITACRE CIRCLE HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LA BONTE, GERARD 18348 WHITACRE CIRCLE HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHINBEIN, MARILYN 18314 WHITACRE CIRCLE HUDSON, FL 34667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEHLROSE, JOHN 18418 WHITACRE CIRCLE HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHINBEIN, BOB 18314 WHITAVRE CIR HUDSON, FL 34667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Noeleen Pasqua 36 Brooktree Cir Lindenhurst, NY 11757	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ann Porter 18438 Whitacre Cir Hudson, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marilyn Shinbein 18314 Whitacre Cir Hudson, FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arthur Koelsch 18336 Whitacre Cir Hudson, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: Robert Swartz VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 3/21/06
Date

DAYTIME PHONE: 878 869900
Daytime Phone #