

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90048 016 ****61.25

DOCUMENT # N99000003551 1. Entity Name PINES WAY VILLAGE OF HERITAGE PINES, INC.					
Principal Place of Business 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652			Mailing Address 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652		
2. Principal Place of Business - No P.O. Box # 18215 Branch		3. Mailing Address 18215 Branch Rd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Hudson FL		City & State Hudson FL			
Zip 34667		Country USA		4. FEI Number 59-3648889	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT SERVICES, INC. 5609 US 19 STE E NEW PORT RICHEY, FL 34652					
7. Name and Address of New Registered Agent Name Premier Community Consultants Inc Street Address (P.O. Box Number is Not Acceptable) 18215 Branch Rd City Hudson FL 34667					
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 Pamela S Washburn Pamela S Washburn 4/5/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	SD NOELEN, PASQUA 36 BROOKTREE CIRCLE LINDENHURST, NY 11757	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D Pasqua Noelen 11524 Scenic Hills Blvd Hudson FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PORTER, ANN 18438 WHITACRE CIRCLE HUDSON, FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Porter Anne 11524 Scenic Hills Blvd Hudson FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHINBEIN, MARILYN 18314 WHITACRE CIRCLE HUDSON, FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Shinbein, Marilyn 11524 Scenic Hills Blvd Hudson FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOELSCH, ARTHUR 18336 WHITACRE CIRCLE HUDSON, FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Koelsch, Arthur 11524 Scenic Hills Blvd Hudson FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHINBEIN, BOB 18314 WHITACRE CIR HUDSON, FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Shinbein, Bob 11524 Scenic Hills Blvd Hudson FL 34667	<input checked="" type="checkbox"/> Change <input 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 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: Anne H. Porter 4/5/07 721 868-8680 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> Anne H. Porter, President					