

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90317 035 ****61.25

DOCUMENT # N99000006701

1. Entity Name

WINDING WILLOW VILLAGE OF HERITAGE SPRINGS,

Sterling Management Services
2870 Scherer Drive N., Suite 100
St. Petersburg, FL 33716

Sterling Management Services
2870 Scherer Drive N., Suite 100
St. Petersburg, FL 33716



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3610214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

COHERILL, RONALD E
400 N TAMPA STREET, SUITE 2625
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: COHERILL, RONALD E
Street Address (P.O. Box Number is Not Acceptable):
1010 N. FLORIDA AVE
City: TAMPA FL Zip Code: 33602

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 title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW: 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: DP
NAME: CASS, RAY ☐ Delete
STREET ADDRESS: 11345 ROBERT TRENT JONES PKWY
CITY-ST-ZIP: NEW PORT RICHEY FL 34655

TITLE: PVP
NAME: OLIVER, ROBERT ☒ Delete
STREET ADDRESS: 11345 ROBERT TRENT JONES PKWY
CITY-ST-ZIP: NEW PORT RICHEY FL 34655

TITLE: T
NAME: ANGEVINE, BOB ☐ Delete
STREET ADDRESS: 1023 WINDING WILLOW DRIVE
CITY-ST-ZIP: NEW PORT RICHEY FL 34653

TITLE: DST
NAME: SACCOMANNO, CHRISTINE ☒ Delete
STREET ADDRESS: 11345 ROBERT TRENT JONES PKWY
CITY-ST-ZIP: NEW PORT RICHEY FL 34655

TITLE: S
NAME: SACCOM, CHRISTINE ☒ Delete
STREET ADDRESS: 1229 WINDING WILLOW DRIVE
CITY-ST-ZIP: NEW PORT RICHEY FL 34653

TITLE: D
NAME: NATALE, RALPH ☐ Delete
STREET ADDRESS: 1310 WINDING WILLOW DRIVE
CITY-ST-ZIP: NEW PORT RICHEY FL 34653

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☒ Addition
NAME: GARCIA JESUS
STREET ADDRESS: 1146 WINDING WILLOW DR
CITY-ST-ZIP: NEW PORT RICHEY FL 34655

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☒ Addition
NAME: DS LEVERO Jim
STREET ADDRESS: 1047 WINDING WILLOW DR
CITY-ST-ZIP: NEW PORT RICHEY, FL 34655

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

RAY CASS PRES. Ronald E Cass 4/06/06 727-376-3082