

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006701

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** WINDING WILLOW VILLAGE OF HERITAGE SPRINGS, INC.

**Current Principal Place of Business:**

2880 SCHERER DRIVE, #840  
SAINT PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

2870 SCHERER DR # 100  
SAINT PETERSBURG, FL 33716

**New Mailing Address:**

**FEI Number:** 59-3610214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COTTERALL, RONALD  
1010 N FLORIDA AVE  
TAMPA, FL 33602 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: P ( ) Delete  
Name: CASS, RAYMOND R  
Address: 1116 WINDING WILLOW DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: ST ( ) Delete  
Name: GARCIA, JESUS  
Address: 1146 WINDING WILLOW DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete  
Name: KENT, BILL  
Address: 1149 WINDING WILLOW DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DS ( ) Delete  
Name: LENERO, JIM  
Address: 1047 WINDING WILLOW DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VD ( ) Delete  
Name: KRANZ, JOHN  
Address: 1167 WINDING WILLOW DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: GARCIA, JESUS  
Address: 1146 WINDING WILLOW DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

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

Title: DT (X) Change ( ) Addition  
Name: ANGEVINE, BOB  
Address: 1023 WINDING WILLOW DR  
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: JOE SANDERS

PM

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date