

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006264

**Entity Name:** SCENIC VIEW ESTATE VILLAGE OF HERITAGE PINES, INC.

**Current Principal Place of Business:**

5207 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5207 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 20-1388504

**Certificate of Status Desired:** No

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

COMMUNITY MANAGEMENT SERVICES, INC.  
5207 TROUBLE CREEK RD.  
NEW PORT RICHEY, FL 34652 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LOWE, AL  
Address        5207 TROUBLE CREEK ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            VP  
Name            JOHNSON, RON  
Address        5207 TROUBLE CREEK ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            SECRETARY  
Name            NEWKIRK, RUSS  
Address        5207 TROUBLE CREEK ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            DIRECTOR  
Name            NEWKIRK, RUSS  
Address        5207 TROUBLE CREEK ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            TREASURER  
Name            KENNEDY, BARBARA  
Address        5207 TROUBLE CREEK ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALAN LOWE

**PRESIDENT**

**04/10/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date