

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002167

**Entity Name:** LAKESIDE VILLAGE OF HERITAGE SPRINGS, INC.

**Current Principal Place of Business:**

1037 ASHBOURNE CIR  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

1037 ASHBOURNE CIR  
NEW PORT RICHEY, FL 34655

**FEI Number: 59-3610213**

**Certificate of Status Desired: No**

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

BABUREK, JAN  
1037 ASHBOURNE CIR  
NEW PORT RICHEY, FL 34655 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           DIRECTOR  
Name           SCHUMER, JUDITH  
Address        1013 ASHBOURNE CIR  
City-State-Zip: NEW PORT RICHEY FL 34655

Title           DIRECTOR, TREASURER  
Name           BABUREK, JANET  
Address        1037 ASHBOURNE CIR  
City-State-Zip: NEW PORT RICHEY FL 34655

Title           DIRECTOR, SECRETARY  
Name           TERRACE, ADRIENNE  
Address        1041 ASHBOURNE CIR  
City-State-Zip: TRINITY FL 34655

Title           DIRECTOR  
Name           DIFILIPPO, VINCENT  
Address        1040 ASHBOURNE CIR  
City-State-Zip: TRINITY FL 34655

*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: JANET A BABUREK**

**TREASURER**

**02/04/2015**

Electronic Signature of Signing Officer/Director Detail

Date