

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**


05-05-2004 90204 003 \*\*\*\*61.25

24071198



**DOCUMENT # N00000004750**

1. Entity Name  
 HERITAGE COVE II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
 10481 SIX CYPRESS MILE PKWY  
 FT MYERS, FL 33912

Mailing Address  
 10481 SIX CYPRESS MILE PKWY  
 FT MYERS, FL 33912

2. Principal Place of Business  
 12734 Kenwood Ln  
 Suite, Apt. #, etc.  
 Ste 49  
 City & State  
 Fort Myers FL  
 Zip  
 33907 Country  
 USA

3. Mailing Address  
 12734 Kenwood Ln  
 Suite, Apt. #, etc.  
 Ste 49  
 City & State  
 Fort Myers FL  
 Zip  
 33907 Country  
 USA

04072004 Chg-NP CR2E037 (10/03)

4. FEI Number  
 65-1030995 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J  
 1833 HENDRY ST  
 FT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name  
 Jan Spires  
 Street Address (P.O. Box Number is Not Acceptable)  
 12734 Kenwood Ln  
 Ste 49  
 City  
 Fort Myers FL Zip Code  
 33907

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 Jan Spires DATE 4-4-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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           | D                           | <input checked="" type="checkbox"/> Delete |
| NAME            | MCMURRAY, DARIN             |  |
| STREET ADDRESS  | 10481 SIX CYPRESS MILE PKWY |  |
| CITY - ST - ZIP | FT MYERS, FL 33912          |  |
| TITLE           | D                           | <input checked="" type="checkbox"/> Delete |
| NAME            | BURNS, ALAN R               |  |
| STREET ADDRESS  | 10481 SIX CYPRESS MILE PKWY |  |
| CITY - ST - ZIP | FT MYERS, FL 33912          |  |
| TITLE           | D                           | <input checked="" type="checkbox"/> Delete |
| NAME            | SORNESEN, ANDREW            |  |
| STREET ADDRESS  | 10481 SIX MILE CYPRESS PKWY |  |
| CITY - ST - ZIP | FORT MYERS, FL 33912        |  |
| TITLE           |                             | <input type="checkbox"/> Delete            |
| NAME            |                             |  |
| STREET ADDRESS  |                             |  |
| CITY - ST - ZIP |                             |  |
| TITLE           |                             | <input type="checkbox"/> Delete            |
| NAME            |                             |  |
| STREET ADDRESS  |                             |  |
| CITY - ST - ZIP |                             |  |
| TITLE           |                             | <input type="checkbox"/> Delete            |
| NAME            |                             |  |
| STREET ADDRESS  |                             |  |
| CITY - ST - ZIP |                             |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                 |                      |  |
|-----------------|----------------------|--|
| TITLE           |                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | Donald Edborg        |  |
| STREET ADDRESS  | 1491 Plum Island Dr  |  |
| CITY - ST - ZIP | Fort Myers, FL 33919 |  |
| TITLE           |                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | Walter Reed          |  |
| STREET ADDRESS  | 1479 Plum Island Dr, |  |
| CITY - ST - ZIP | Fort Myers, FL 33919 |  |
| TITLE           |                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | Robert Casper        |  |
| STREET ADDRESS  | 1444 Plum Island Dr  |  |
| CITY - ST - ZIP | Fort Myers, FL 33919 |  |
| TITLE           |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                      |  |
| STREET ADDRESS  |                      |  |
| CITY - ST - ZIP |                      |  |
| TITLE           |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                      |  |
| STREET ADDRESS  |                      |  |
| CITY - ST - ZIP |                      |  |
| TITLE           |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                      |  |
| STREET ADDRESS  |                      |  |
| CITY - ST - ZIP |                      |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jan Spires, Jan Spires DATE 4-30-04 239-936-4334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR