


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90145 042 ****61.25

DOCUMENT # N00000004750

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



Principal Place of Business
 12734 KENWOOD LN
 STE 49
 FORT MYERS, FL 33907 US

Mailing Address
 12734 KENWOOD LN
 STE 49
 FORT MYERS, FL 33907 US

50047176



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03092005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 65-1030995

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

SPIRES, JAN
 1273 KENWOOD LN
 STE 49
 FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
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, 2005

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 type="checkbox"/> Delete
NAME	EDBONG, DONALD
STREET ADDRESS	14191 PLUM ISLAND DR
CITY - ST - ZIP	FORT MYERS, FL 33919
TITLE	D <input type="checkbox"/> Delete
NAME	REED, WALTER
STREET ADDRESS	14179 PLUM ISLAND DR
CITY - ST - ZIP	FORT MYERS, FL 33919
TITLE	D <input type="checkbox"/> Delete
NAME	CASPER, ROBERT
STREET ADDRESS	14144 PLUM ISLAND DR
CITY - ST - ZIP	FORT MYERS, FL 33919
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 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 checked="" type="checkbox"/> Addition
NAME	AS M Spires, Jan
STREET ADDRESS	12734 Kenwood Lane Ste 49
CITY - ST - ZIP	Fort Myers, FL 33907
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:  DATE: 4-28-05 DAYTIME PHONE #: 239-929-2999