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.

PRESIDENT

SIGNATURE: DONALD PICKARD

I

Electronic Signature of Signing Officer/Director Detail

Title Name VE Addres City-St Title Name Address 14184 PLUM ISLAND DRIVE

# Office

City-State-Zip: FORT MYERS FL 33919

SIGNATURE:

er/Director Detail :				
	STD	Title	PD	
)	JAMES, LINDGREN	Name	PICKARD, DONALD	
ess	14154 PLUM ISLAND DRIVE	Address	14162 PLUM ISLAND DRIV	
State-Zip:	FORT MYERS FL 33919	City-State-Zip:	FORT MYERS FL 33919	
	VP			
)	GLENTON, SANDY			

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.

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

TROPICAL ISLES MGMT SRVS INC 14041 BRANT POINT CIRCLE FORT MYERS, FL 33919 US

**Current Principal Place of Business:** 

14041 BRANT POINT CIRCLE FORT MYERS. FL 33919

DOCUMENT# N0000004750

## **Current Mailing Address:**

14041 BRANT POINT CIRCLE FORT MYERS. FL 33919 US

## FEI Number: 65-1030995

Entity Name: HERITAGE COVE II HOMEOWNERS ASSOCIATION, INC.

#### FILED Apr 30, 2019 Secretary of State 1028325806CC

Certificate of Status Desired: No

04/30/2019 Date

Date