

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000000549**

1. Entity Name

TERRACE II AT HERITAGE COVE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O TROPICAL ISLES MANAGEMENT SERVICE  
12734 KENWOOD LANE, SUITE 49  
FORT MYERS FL 33907-5639

C/O TROPICAL ISLES MANAGEMENT SERVICE  
12734 KENWOOD LANE, SUITE 49  
FORT MYERS FL 33907-5639



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0984179

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROPICAL ISLES MGMT SVCS, INC.  
12734 KENWOOD LANE  
SUITE 49  
FORT MYERS FL 33907

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.

U000000876181  
04/11/08-80063-007 61.25

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TSD ☐ Delete  
NAME LAITY, BOB  
STREET ADDRESS 14111 BRANT POINT CIR #231  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME MULLER, BILL  
STREET ADDRESS 14111 BRANT POINT CIR #235  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME DANFORTH, PHILIP  
STREET ADDRESS 14111 BRANT POINT CIR #211  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Philip Danforth* PHILIP DANFORTH, PRES. 3/24/08 (239) 415-9500