

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000888

FILED  
Mar 12, 2009  
Secretary of State

**Entity Name:** TERRACE IV AT HERITAGE COVE ASSOCIATION, INC.

**Current Principal Place of Business:**

12734 KENWOOD LANE  
STE 49  
FORT MYERS, FL 33907

**New Principal Place of Business:**

14041 BRANT POINT CIRCLE  
FORT MYERS, FL 33919

**Current Mailing Address:**

12734 KENWOOD LANE  
STE 49  
FORT MYERS, FL 33907

**New Mailing Address:**

14041 BRANT POINT CIRCLE  
FORT MYERS, FL 33919

**FEI Number:** 65-1083129

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TROPICAL ISLES MGMT SVCS  
12734 KENWOOD LANE  
STE 49  
FORT MYERS, FL 33907 US

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

TROPICAL ISLES MGMT SVCS  
14041 BRANT POINT CIRCLE  
FORT MYERS, FL 33919 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:

03/12/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KAYE, DIANE  
Address: 14091 BRANT POINT CIRCLE # 416  
City-St-Zip: FORT MYERS, FL 33919

Title: VD ( ) Delete  
Name: PELKOWSKI, BERNARD  
Address: 14091 BRANT POINT CIR 436  
City-St-Zip: FORT MYERS, FL 33919

Title: TSD ( ) Delete  
Name: HEUER, LEROY  
Address: 14091 BRANT PT CIR, #428  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: PELKOWSKI, BERNIE  
Address: 14091 BRANT POINT CIRCLE # 436  
City-St-Zip: FORT MYERS, FL 33919

Title: STD (X) Change ( ) Addition  
Name: HEUER, ROY  
Address: 14091 BRANT POINT CIRCLE # 428  
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DIANE KAYE

PD

03/12/2009

Electronic Signature of Signing Officer or Director

Date