

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90013 009 ****61.25

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1. Entity Name

TERRACE V AT HERITAGE COVE ASSOCIATION, INC.



Principal Place of Business

12734 KENWOOD LN
STE 49
FORT MYERS FL 33907

Mailing Address

12734 KENWOOD LN., STE 49
FORT MYERS FL 33907



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-1091675

Applied For

Not Applicable

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 LN., STE 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 PD ☐ Delete
NAME DUFOUR, DONALD
STREET ADDRESS 14081 BRANT PT CIRCLE #521
CITY-STATE-ZIP FORT MYERS FL 33919

TITLE TSD ☐ Delete
NAME NICIFORS, THOMAS
STREET ADDRESS 14081 BRANT POINT CIRCLE, #531
CITY-STATE-ZIP FORT MYERS FL 33919

TITLE VD ☐ Delete
NAME BUFFER, JAMES
STREET ADDRESS 14135 MONTAUL LANE
CITY-STATE-ZIP FORT MYERS FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE TSD ☒ Change ☐ Addition
NAME NICIFORO, THOMAS
STREET ADDRESS 14081 BRANT POINT CIRCLE #531
CITY-STATE-ZIP FORT MYERS FL 33919

TITLE VD ☒ Change ☐ Addition
NAME BUFFER, JAMES
STREET ADDRESS 14135 MONTAUL LANE
CITY-STATE-ZIP FORT MYERS FL 33919

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: Donald J. Dufour DONALD J. DUFOUR

3/8/07

239-415-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #