

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

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90030 031 ****61.25

DOCUMENT # N01000001695 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 # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
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 TROPICAL ISLES MGMT SVCS INC, 12734 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD DUFOUR, DONALD 14081 BRANT PT CIRCLE #521 FORT MYERS FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD NICIFORO, THOMAS 14081 BRANT POINT CIRCLE, #531 FORT MYERS FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMAS NICIFORO 14081 BRANT POINT CIRCLE #531 FORT MYERS FL 33919 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUFFER, JAMES 14135 MONTAUK LANE FORT MYERS FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 517, 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: <i>Donald J. Dufour</i> DONALD J. DUFOUR			PRESIDENT 3/6/08 (239) 415-9500		