

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001695

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: TERRACE V AT HERITAGE COVE ASSOCIATION, INC.

## Current Principal Place of Business:

12734 KENWOOD LN  
STE 49  
FORT MYERS, FL 33907

## New Principal Place of Business:

14041 BRANT POINT CIRCLE  
FORT MYERS, FL 33919

## Current Mailing Address:

12734 KENWOOD LN., STE 49  
FORT MYERS, FL 33907

## New Mailing Address:

14041 BRANT POINT CIRCLE  
FORT MYERS, FL 33919

FEI Number: 65-1091675

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TROPICAL ISLES MGMT SVCS INC,  
12734 KENWOOD LN., STE 49  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

TROPICAL ISLES MGMT SVCS INC  
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: JAN SPIRES

03/05/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DUFOUR, DONALD  
Address: 14081 BRANT PT CIRCLE #521  
City-St-Zip: FORT MYERS, FL 33919

Title: STD ( ) Delete  
Name: NICIFORO, THOMAS  
Address: 14081 BRANT POINT CIRCEL, #531  
City-St-Zip: FORT MYERS, FL 33919

Title: VD ( ) Delete  
Name: BUFFER, JAMES  
Address: 14135 MONTAUK LANE  
City-St-Zip: FORT MYERS, FL 33919

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DUFOUR, DONALD  
Address: 14081 BRANT POINT CIRCLE #521  
City-St-Zip: FORT MYERS, FL 33919

Title: STD (X) Change ( ) Addition  
Name: NICIFORO, THOMAS  
Address: 12511 LAKEWOOD COURT  
City-St-Zip: FORT MYERS, FL 33908

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

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: DONALD DUFOUR

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date