


**2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # N01000001696	
1. Entity Name TERRACE VI AT HERITAGE COVE ASSOCIATION, INC.	

FILED
08 AUG -7 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business PM PROPERTY MGMT 14360 S TAMiami TRAIL B FORT MYERS, FL 33912	Mailing Address C/O MMI OF THE GULF COAST 28731 SOUTH CARGO COURT #6 BONITA SPRINGS, FL 34135
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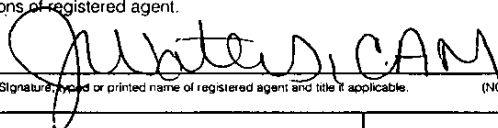
2. Principal Place of Business - No P.O. Box # 28731 S. Cargo Ct. Suite, Apt. #, etc. Suite 6	3. Mailing Address same Suite, Apt. #, etc.
City & State Bonita Springs, FL	City & State
Zip 34135	Country USA

07232008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1091674	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAPP, PAUL L C/O P & M PROPERTY MANAGEMENT 14360 S TAMiami TRAIL B FORT MYERS, FL 33912	7. Name and Address of New Registered Agent Name MMI of the Gulf Coast Street Address (P.O. Box Number is Not Acceptable) 28731 S. Cargo Ct. Suite 6 Bonita Springs FL 34135
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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 of registered agent and title if applicable.	DATE 7/22/08 (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOND, STEPHEN 14360 S TAMiami TRAIL B FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Stephen Bond 28731 S. Cargo Ct. Bonita Springs, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MECONITAS, CHARLES 14360 S TAMiami TRAIL B FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bert Viverto 28731 S. Cargo Ct. Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAMBRIX, ANNE 14360 S TAMiami TRAIL B FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Anne Lambrix 28731 S. Cargo Ct. Bonita Springs, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DIVELEY, RANDALL 14360 S TAMiami TRAIL B FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 200134355062 08/12/08--01006--002 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	STEPHEN E. BOND 7/29/08 239-489-1646 Date Daytime Phone #

KS