

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001696

FILED  
Apr 01, 2009  
Secretary of State

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

**Current Principal Place of Business:**

28731 S. CARGO COURT  
SUITE 6  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MMI OF THE GULF COAST  
28731 SOUTH CARGO COURT #6  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

28731 S. CARGO COURT  
SUITE 6  
BONITA SPRINGS, FL 34135

**FEI Number:** 65-1091674

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

M.M.I. OF THE GULF COAST, INC.  
28731 S. CARGO ST.  
SUITE 6  
BONITA SPRINGS, FL 34135 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BOND, STEPHEN  
Address: 28731 S. CARGO COURT  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP ( ) Delete  
Name: VIVERTO, BERT  
Address: 28731 S. CARGO COURT  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ST ( ) Delete  
Name: LAMBRIX, ANNE  
Address: 28731 S. CARGO COURT  
City-St-Zip: BONITA SPRINGS, FL 34135

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

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

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

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: STEPHEN BOND

P

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date