

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 27, 2006 8:00 am
Secretary of State

06-27-2006 90035 050 ****61.25

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1. Entity Name

TERRACE VII AT HERITAGE COVE ASSOCIATION, INC.



Principal Place of Business

12734 KENWOOD LANE, STE 49
FORT MYERS FL 33907

Mailing Address

~~SPIRES & ASSOCIATES, P.A.~~
12734 KENWOOD LANE, SUITE 49
FORT MYERS FL 33907-5639



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0691223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

SPIRES, JAN
12734 KENWOOD LNE
SUITE 52
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name: **TROPICAL ISLES MGMT SVCS INC**
Street Address (P.O. Box Number is Not Acceptable):
12734 KENWOOD LANE
STE 49
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: **TROPICAL ISLES MGMT SVCS INC** *Joe DeVecchia* **Joe DeVecchia CAM** **2/14/06**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	D	<input checked="" type="checkbox"/> Delete
NAME	HAWLICKER, CYNTHIA	
STREET ADDRESS	14061 BRAT PT AVE #714	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTELLON, JUDITH	
STREET ADDRESS	48 AUGER ROAD	
CITY-ST-ZIP	NORTHFORD CT 06472	
TITLE	ASM	<input checked="" type="checkbox"/> Delete
NAME	SPIRES, JAN	
STREET ADDRESS	12734 KENWOOD LANE - STE 49	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALDFELTER, SANDRA	
STREET ADDRESS	14061 BRANT PT CIRCLE, #712	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCRO, MARY ANN	
STREET ADDRESS	14061 BRANT POINT CIRCLE # 726	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	14061 BRANT POINT CIRCLE # 724	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADFELTER, SANDRA	
STREET ADDRESS	14061 BRANT POINT CIRCLE # 712	
CITY-ST-ZIP	SAME	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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: *Judith Castellon* **JUDITH CASTELLON** **3/14/06** **(239) 590-8950**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR