

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002108

FILED
Feb 23, 2009
Secretary of State

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

Current Principal Place of Business:

12734 KENWOOD LANE, STE 49
FORT MYERS, FL 33907

New Principal Place of Business:

14041 BRANT POINT CIRCLE
FORT MYERS, FL 33919

Current Mailing Address:

12734 KENWOOD LANE, STE 49
FORT MYERS, FL 33907

New Mailing Address:

14041 BRANT POINT CIRCLE
FORT MYERS, FL 33919

FEI Number: 01-0691223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MGMT SVCE. INC
12734 KENWOOD LNE
SUITE 49
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

TROPICAL ISLES MANAGEMENT SERVICES
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

02/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TSD () Delete
Name: GLADFELTER, SANDRA
Address: 14061 BRANT PT CIRCLE, #712
City-St-Zip: FORT MYERS, FL 33919

Title: PD () Delete
Name: SCRO, MARY ANN
Address: 14061 BRANT POINT CIR., 726
City-St-Zip: FORT MYERS, FL 33919

Title: VD () Delete
Name: HAVLICHEK, CINDY
Address: 14061 BRANT POINT CIR., 714
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: GLADFELTER, SANDY
Address: 14210 GROSSE POINTE LANE
City-St-Zip: FORT MYERS, FL 33919

Title: PD (X) Change () Addition
Name: SCRO, MARY ANN
Address: 14061 BRANT POINT CIRCLE #726
City-St-Zip: FORT MYERS, FL 33919

Title: VD (X) Change () Addition
Name: HAVLICHEK, CINDY
Address: 14061 BRANT POINT CIRCLE #714
City-St-Zip: FORT MYERS, FL 33919

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: MARY ANN SCRO

PD

02/23/2009

Electronic Signature of Signing Officer or Director

Date