

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000002965 1. Entity Name TERRACE VIII AT HERITAGE COVE ASSOCIATION, INC.				FILED 07 OCT -3 AM 8:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12734 KENWOOD LANE, STE 49 FORT MYERS, FL 33907		Mailing Address 12734 KENWOOD LANE, STE 49 FORT MYERS, FL 33907			
2. Principal Place of Business - No P.O. Box # 28731 S. Cargo Ct.		3. Mailing Address 28731 S. Cargo Ct.			
Suite, Apt. #, etc. Suite 6		Suite, Apt. #, etc. Suite 6			
City & State Bonita Springs, FL		City & State Bonita Springs, FL		4. FEI Number 02-0613996	
Zip 34135		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TROPICAL ISLES MGMT SVCS., INC. 12734 KENWOOD LANE, STE 49 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name Miami Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 28731 S. Cargo Ct. Suite 6 City Bonita Springs FL Zip Code 34135			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GULOTTA, PAUL 14051 BRANT POINT CIRCLE, #821 FORT MYERS, FL 33919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD TASLITT, HELEN 14051 BRANT POINT CIRCLE, #832 FORT MYERS, FL 33919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAIO, ANGELO 14051 BRANT POINT CIR SUITE 827 FORT MYERS, FL 33919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: Paul A. Gulotta PRESIDENT 9/19/07 239-437-4608 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					