
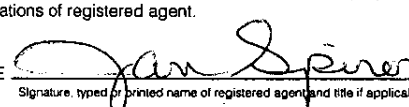
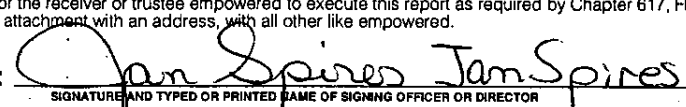


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90204 021 ****61.25

DOCUMENT # N03000001194 1. Entity Name TERRACE I AT HERITAGE POINTE ASSOCIATION, INC.			
Principal Place of Business 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912		Mailing Address 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912	
2. Principal Place of Business 12734 Kenwood Ln Suite, Apt., etc. Ste 49		3. Mailing Address 12734 Kenwood Ln Suite, Apt., etc. Ste 49	
City & State Fort Myers FL		City & State Fort Myers FL	
Zip 33907		Zip 33907	
Country USA		Country USA	
4. FEI Number 465-1176834		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Jan Spires Street Address (P.O. Box Number is Not Acceptable) 12734 Kenwood Ln Suite, Apt., etc. Ste 49 City & State Fort Myers FL Zip Code 33907	
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 		DATE 4-12-04	
Filing Fee is \$61.25 Due by May 1, 2004		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	D SOERENSON, ANDY 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCMURRAY, DARIN 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURNS, ALAN R 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		DATE 4-20-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 239-936-4336	

24071179



04072004 Chg-NP CR2E037 (10/03)