2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001194

FILED May 02, 2007 Secretary of State

Entity Name: TERRACE I AT HERITAGE POINTE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 12734 KENWOOD LN STE 49 11691 GATEWAY BLVD. FORT MYERS, FL 33907 203 FORT MYERS, FL 33913 **Current Mailing Address: New Mailing Address:** 12734 KENWOOD LN STE 49 11691 GATEWAY BLVD. FORT MYERS, FL 33907 203 FORT MYERS, FL 33913 FEI Number: 65-1176834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIRES, JAN S & S GOLF MANAGEMENT, INC. 12734 KENWOOD LN STE 49 11691 GATEWAY BLVD. FORT MYERS, FL 33907 203 FORT MYERS, FL 33913 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: REBECCA SARVER 05/02/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete NILSON, GUNILLA Name: Name: 16585 LAKE VIEW DR, # 141 Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: CORD, MARY J Name: Address: 16585 LAKE CIRCLE DR. # R6 Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: Title: () Delete Title: (X) Change () Addition PRERITT, DAVID Name: PREWITT, DAVID Name: 16585 LAKE CIRCLE, # 117 16585 LAKE CIRCLE, # 117 Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908 () Delete Title: ASM Title: ASM (X) Change () Addition Name: SPIERS, JAN CAM Name: SARVER, REBECCA CAM 12734 KENWOOD LANE, SUITE 49 Address: Address: 11691 GATEWAY BLVD., #203 City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33913

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: REBECCA SARVER ASM 05/02/2007