

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001194

FILED
Apr 28, 2008
Secretary of State

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

Current Principal Place of Business:

11691 GATEWAY BLVD.
203
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

11691 GATEWAY BLVD.
203
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 65-1176834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

S & S GOLF MANAGEMENT, INC.
11691 GATEWAY BLVD.
203
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NILSON, GUNILLA
Address: 16585 LAKE VIEW DR, # 141
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: PREWITT, DAVID
Address: 16585 LAKE CIRCLE, # 117
City-St-Zip: FORT MYERS, FL 33908

Title: ASM () Delete
Name: SARVER, REBECCA CAM
Address: 11691 GATEWAY BLVD., #203
City-St-Zip: FORT MYERS, FL 33913

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SPAK, SANDRA
Address: 16595 LAKE CIRCLE DRIVE # 231
City-St-Zip: FORT MYERS, FL 33908

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: GUNILLA NILSON

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date