2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 13, 2004 8:00 am
Secretary of State
05-05-2004 90204 018 ****61.25

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DOCUMENT # N03000004136

1. Entity Name
TERRACE II AT HERITAGE POINTE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912	10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912

2. Principal Place of Business	3. Mailing Address
12734 Kenwood Ln	12734 Kenwood Ln
Suite, Apt. #, etc. Suite 49	Suite, Apt. #, etc. Suite 49
City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33907 Country USA	Zip 33907 Country USA

04072004 Chg-NP CR2E037 (10/03)

4. FEI Number
#65-1189874
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J
1833 HENDRY ST
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 49
City 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, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jan Spires 4-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 SORENSON, ANDY 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCMURRAY, DARIN 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNS, ALAN R 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASM Jan Spires 12734 Kenwood Ln Ste 49 Fort Myers, FL 33907 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Jan Spires Jan Spires 4-30-04 239-936-4336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #