

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N04000000466</b> 1. Entity Name <b>TERRACE III AT HERITAGE POINTE ASSOCIATION, INC.</b>			
Principal Place of Business <b>10481 SIX MILE CYPRESS PKWY. FT. MYERS, FL 33912</b>		Mailing Address <b>10481 SIX MILE CYPRESS PKWY. FT. MYERS, FL 33912</b>	
2. Principal Place of Business <b>12734 Kennwood Lane</b> Suite, Apt. #, etc. <b>Suite 49</b> City & State <b>Fort Myers FL</b> Zip <b>33907</b> Country <b>USA</b>		3. Mailing Address <b>12734 Kennwood Lane</b> Suite, Apt. #, etc. <b>Suite 49</b> City & State <b>Fort Myers FL</b> Zip <b>33907</b> Country <b>USA</b>	
4. FEI Number <b>51-0496788</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		11142005 REIN-NP      CR2E099 (6/04)	
6. Name and Address of Current Registered Agent <b>SHIELDS, CHRISTOPHER J</b> <b>1833 HENDRY ST.</b> <b>FT. MYERS, FL 33901</b>		7. Name and Address of New Registered Agent Name <b>Douglas Roedding</b> Street Address (P.O. Box Number is Not Acceptable) <b>12734 Kennwood Lane Suite 49</b> City <b>Fort Myers</b> State <b>FL</b> Zip Code <b>33907</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		200061744842 12/29/05--01019--0024--\$113.75 <small>(NOTE: Registered Agent signature required when reinstating)      DATE</small>	
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2006, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	NAME	<input checked="" type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP
	<b>D SORENSON, ANDY</b>		<b>10481 SIX MILE CYPRESS PKWY. FT. MYERS, FL 33912</b>
	<b>D MCMURRAY, DARIN</b>	<input checked="" type="checkbox"/> Delete	<b>10481 SIX MILE CYPRESS PKWY. FT. MYERS, FL 33912</b>
	<b>D BURNS, ALAN R</b>	<input checked="" type="checkbox"/> Delete	<b>10481 SIX MILE CYPRESS PKWY. FT. MYERS, FL 33912</b>
	<b>B 12/29/05</b>	<input type="checkbox"/> Delete	
	<b>MISTATEMENT</b>	<input type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	
<b>11. VP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
	<b>Robert Nachman</b>		<b>11625 Lake circle dr #534 Fort Myers FL 33908</b>
	<b>200061744842</b>		<b>11/29/05--01016--014--\$61.25</b>
	<b>S Michael Zuccato</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>11625 Lake circle dr #633 Fort Myers FL 33908</b>
	<b>ASM Doug Roedding</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>12734 Kennwood Lane Suite 49 Fort Myers FL 33907</b>
	<b>T Barbara McIntosh</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>11625 Lake circle dr #588 Fort Myers FL 33908</b>
	<b>P Penny Yeandle</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>11625 Lake circle dr #111 Fort Myers FL 33908</b>
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		11/14/2005 (231) 939-2999 ext 7 <small>Date      Daytime Phone #</small>	