

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90030 020 ****61.25

DOCUMENT # N04000001277



1. Entity Name
TERRACE IV 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

50056731



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

55-0860313

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIELDS, CHRISTOPHER J
 1833 HENDRY ST
 FT MYERS, FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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

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, 2005

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

TITLE **D** Delete
 NAME **SORENSON, ANDY**
 STREET ADDRESS **10481 SIX MILE CYPRESS PKWY**
 CITY-ST-ZIP **FT MYERS, FL 33912**

TITLE **D** Delete
 NAME **MCMURRAY, DARIN**
 STREET ADDRESS **10481 SIX MILE CYPRESS PKWY**
 CITY-ST-ZIP **FT MYERS, FL 33912**

TITLE **D** Delete
 NAME **BURNS, ALAN R**
 STREET ADDRESS **10481 SIX MILE CYPRESS PKWY**
 CITY-ST-ZIP **FT MYERS, FL 33912**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Steve Denson**
 STREET ADDRESS **2202nd 10481 Six Mile Cypress Pkwy**
 CITY-ST-ZIP **Ft. Myers, FL 33912**

TITLE **D** Change Addition
 NAME **John Hagen**
 STREET ADDRESS **10481 Six Mile Cypress Pkwy**
 CITY-ST-ZIP **Ft. Myers, FL 33912**

TITLE **Asm** Change Addition
 NAME **Don Boarding**
 STREET ADDRESS **12734 Kenwood Lane Suite 49**
 CITY-ST-ZIP **Ft. Myers, FL 33907**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05
 Date

239-936-4336
 Daytime Phone #