


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90031 018 ****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	
2. Principal Place of Business 1273A Kenwood Ln Suite, Apt. #, etc. Suite 49 City & State Ft. Myers, FL Zip 33907 Country USA		3. Mailing Address c/o Tropical Isles Mngt. Suite, Apt. #, etc. 1273A Kenwood Ln., STE 49 City & State Ft. Myers, FL Zip 33907 Country USA	
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) 1273A Kenwood Ln Suite 52 City Ft. 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 <u>Jan Spires</u> Jan Spires, CAM DATE 2/1/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	SOERSON, ANDY		
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY		
CITY-ST-ZIP	FT MYERS, FL 33912		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	DENSON, STEVE		
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY		
CITY-ST-ZIP	FT MYERS, FL 33912		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	HAGEN, JOHN		
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY		
CITY-ST-ZIP	FT MYERS, FL 33912		
TITLE	ASM	<input type="checkbox"/> Delete	
NAME	ROUBING, DOUG		
STREET ADDRESS	12734 KENWOOD LANE SUITE 49		
CITY-ST-ZIP	FORT MYERS, FL 33907		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	3/T/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Gen Matz		
STREET ADDRESS	16655 Lake Cr. Dr. #812		
CITY-ST-ZIP	Ft. Myers, FL 33908		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Eleanor Teresinski		
STREET ADDRESS	16645 Lake Cr. Dr. #725		
CITY-ST-ZIP	Ft. Myers, FL 33908		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Lou Bona		
STREET ADDRESS	157-08 22ND AVE		
CITY-ST-ZIP	Whitestone, NY 11357		
TITLE	ASM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Jan Spires, CAM		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Lou Bona</u> Lou Bona, Pres.		Date 2/1/06 Daytime Phone # 917 364 5710	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			