
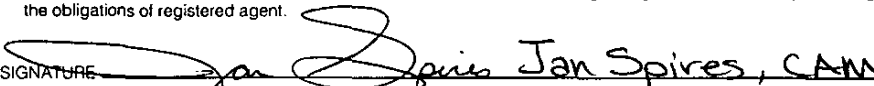
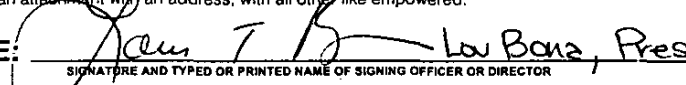


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**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	
01182006		Chg-NP	CR2E037 (11/05)
4. FEI Number 55-0560313		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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) 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  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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input checked="" type="checkbox"/> Delete	NAME SORENSON, ANDY	TITLE 3/T/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Gen Matz
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY	CITY-ST-ZIP FT MYERS, FL 33912	STREET ADDRESS 16655 Lake Cr. Dr. #812	CITY-ST-ZIP Ft. Myers, FL 33908
TITLE D <input checked="" type="checkbox"/> Delete	NAME DENSON, STEVE	TITLE V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Eleanor Teresinski
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY	CITY-ST-ZIP FT MYERS, FL 33912	STREET ADDRESS 16645 Lake Cr. Dr. #725	CITY-ST-ZIP Ft. Myers, FL 33908
TITLE D <input checked="" type="checkbox"/> Delete	NAME HAGEN, JOHN	TITLE P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Lou Bond
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY	CITY-ST-ZIP FT MYERS, FL 33912	STREET ADDRESS 157-08 22ND AVE	CITY-ST-ZIP Whitestone, NY 11357
TITLE <del>ASM</del> <input type="checkbox"/> Delete	NAME ROUBING, DOUG	TITLE ASM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Jan Spires, CAM
STREET ADDRESS 12734 KENWOOD LANE SUITE 49	CITY-ST-ZIP FORT MYERS, FL 33907	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	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:  Lou Bond, Pres.		Date 2/1/06 Daytime Phone # 917 364 5710	