

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001277

FILED
Feb 14, 2007
Secretary of State

Entity Name: TERRACE IV AT HERITAGE POINTE ASSOCIATION, INC.

Current Principal Place of Business:

12734 KENWOOD LN STE 49
FORT MYERS, FL 33907

New Principal Place of Business:

1840 BOY SCOUT DRIVE
SUITE B
FORT MYERS, FL 33907

Current Mailing Address:

12734 KENWOOD LN STE 49
FORT MYERS, FL 33907

New Mailing Address:

1840 BOY SCOUT DRIVE
SUITE B
FORT MYERS, FL 33907

FEI Number: 55-0560313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIRES, JAN
12734 KENWOOD LN STE 52
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

MOORE, DIANA L
1840 BOY SCOUT DRIVE
SUITE B
FORT MYERS, FL 33907 US

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.

SIGNATURE: DIANA L. MOORE

02/14/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STP () Delete
Name: MATZ, GEN
Address: 16655 LAKE CIR DR 812
City-St-Zip: FORT MYERS, FL 33908

Title: VD () Delete
Name: TERESINSKI, ELEANOR
Address: 16645 LAKE CIR DR 725
City-St-Zip: FORT MYERS, FL 33908

Title: PD () Delete
Name: BONA, LOU
Address: 157-08 22ND AVE
City-St-Zip: WHITESTONE, NY 11357

Title: ASM () Delete
Name: JAN SPIRES, CAM
Address: 12734 KENWOOD LANE SUITE 49
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: LINELL, TINA
Address: 16645 LAKE CIR DR 747
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ASM (X) Change () Addition
Name: DIANA MOORE, CAM
Address: 1840 BOY SCOUT DRIVE, SUITE B
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA MOORE

ASM

02/14/2007

Electronic Signature of Signing Officer or Director

Date