

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000001277**

1. Entity Name

**TERRACE IV AT HERITAGE POINTE ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**1840 BOY SCOUT DRIVE  
SUITE B  
FORT MYERS FL 33907**

**1840 BOY SCOUT DRIVE  
SUITE B  
FORT MYERS FL 33907**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **55-0560313**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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

*Diana Moore*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/5/2008*

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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 ☐ Delete  
NAME **STP**  
STREET ADDRESS **MATZ, GEN**  
CITY-ST-ZIP **16655 LAKE CIR DR 812  
FORT MYERS FL 33908**

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **LINELL, TINA**  
CITY-ST-ZIP **16645 LAKE CIR DR 747  
FORT MYERS FL 33908**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **BONA, LOU**  
CITY-ST-ZIP **157-08 22ND AVE  
WHITESTONE NY 11357**

TITLE ☐ Delete  
NAME **ASM**  
STREET ADDRESS **DIANA MOORE, CAM**  
CITY-ST-ZIP **1840 BOY SCOUT DRIVE, SUITE B  
FORT MYERS FL 33907**

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 **U000000819036**  
CITY-ST-ZIP **02/15/08-80067-001 61.25**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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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 exemptions contained in Section 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 an other like empowered.

SIGNATURE:

*Don T. L.*

*2/5/08*