

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

DOCUMENT# N04000001277

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

**Current Principal Place of Business:**

1840 BOY SCOUT DRIVE  
SUITE B  
FORT MYERS, FL 33907

**New Principal Place of Business:**

BCH GROUP MANAGEMENT, INC.  
1840 BOY SCOUT DRIVE, SUITE B  
FORT MYERS, FL 33907

**Current Mailing Address:**

1840 BOY SCOUT DRIVE  
SUITE B  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 55-0560313      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: STD      ( ) Delete  
Name: LINELL, TINA  
Address: 16645 LAKE CIR DR 747  
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: DIANA MOORE, CAM  
Address: 1840 BOY SCOUT DRIVE, SUITE B  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LOU BONA

PD

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date