

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90017 044 ****61.25

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1. Entity Name
TERRACE V AT HERITAGE POINTE ASSOCIATION, INC.

Principal Place of Business
**10481 SIX MILE CYPRESS PARKWAY
FT. MYERS, FL 33912**

Mailing Address
**10481 SIX MILE CYPRESS PARKWAY
FT. MYERS, FL 33912**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262005

Chg-NP

CR2E037 (10/03)

4. FEI Number

51-0503329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS, FL 33901**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **D** ☐ Delete
NAME **SOORENSEN, ANDY**
STREET ADDRESS **10481 SIX MILE CYPRESS PARKWAY**
CITY-ST-ZIP **FT. MYERS, FL 33912**

TITLE **D** ☒ Delete
NAME **MCMURAY, DARIN**
STREET ADDRESS **10481 SIX MILE CYPRESS PARKWAY**
CITY-ST-ZIP **FT. MYERS, FL 33912**

TITLE **D** ☒ Delete
NAME **BRUNS, ALAN R**
STREET ADDRESS **10481 SIX MILE CYPRESS PARKWAY**
CITY-ST-ZIP **FT. MYERS, FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Steve Benson**
STREET ADDRESS **10481 Six mile Cypress Pkwy**
CITY-ST-ZIP **Ft. Myers, FL 33912**

TITLE **D** ☐ Change ☒ Addition
NAME **John Hagon**
STREET ADDRESS **10481 Six mile Cypress Pkwy**
CITY-ST-ZIP **Ft. Myers, FL 33912**

TITLE **ASM** ☐ Change ☒ Addition
NAME **Doug Riddick**
STREET ADDRESS **12734 Glenwood Lane Suite 49**
CITY-ST-ZIP **Ft. Myers, FL 33907**

TITLE ☐ Change ☐ Addition
NAME
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05

Date

239-936-4236

Daytime Phone #