

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90031 017 ****61.25

DOCUMENT # N04000002443

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**

00010000



2. Principal Place of Business
1273A Kenwood Ln
Suite, Apt. #, etc.
STE 49

3. Mailing Address
c/o Tropical Isles Mngt
Suite, Apt. #, etc.
1273A Kenwood Ln, STE 49

01182006 Chg-NP CR2E037 (11/05)

City & State
Ft. Myers, FL

City & State
Ft. Myers, FL

4. FEI Number
51-0503329

Applied For
Not Applicable

Zip
33907

Country
USA

Zip
33907

Country
USA

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

6. Name and Address of Current Registered Agent

**SHIELDS, CHRISTOPHER J.
1833 HENDRY STREET
FORT 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.
STE 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* *Jan Spires, CAM* *2/1/06*
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, 2006**

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 **SORENSEN, ANDY**
STREET ADDRESS **10481 SIX MILE CYPRESS PARKWAY**
CITY-ST-ZIP **FT. MYERS, FL 33912**

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

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

TITLE **ASM** ☐ Delete
NAME **BORDDIM, DOUG**
STREET ADDRESS **12734 KENWOOD LANE, SUITE 48**
CITY-ST-ZIP **FT MYERS, FL 33809**

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 **N/D** ☐ Change ☒ Addition
NAME **Patricia Ray**
STREET ADDRESS **16685 Lake Cr. Dr #1019**
CITY-ST-ZIP **Ft. Myers, FL 33908**

TITLE **P/D** ☐ Change ☒ Addition
NAME **Jeanne Telep**
STREET ADDRESS **16685 Lake Cr. Dr #1030**
CITY-ST-ZIP **Ft. Myers, FL 33908**

TITLE **3/T/D** ☐ Change ☒ Addition
NAME **Mary Kaiser**
STREET ADDRESS **16675 Lake Circle Dr #948**
CITY-ST-ZIP **Ft. Myers FL 33908**

TITLE **ASM** ☒ Change ☐ Addition
NAME **Jan Spires, CAM**
STREET ADDRESS
CITY-ST-ZIP

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 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: *Jeanne M F Telep* *Jeanne Telep* *pres* *02/01/06* *481-2743*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #