

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002443

FILED  
Apr 28, 2008  
Secretary of State

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

**Current Principal Place of Business:**

11691 GATEWAY BLVD.  
203  
FORT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

11691 GATEWAY BLVD.  
203  
FT. MYERS, FL 33913

**New Mailing Address:**

FEI Number: 51-0503329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

S & S GOLF MANAGEMENT  
11691 GATEWAY BLVD.  
203  
FORT MYERS, FL 33913 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: DP ( ) Delete  
Name: RAY, PATRICIA  
Address: 16685 LAKE CR.DR. #1019  
City-St-Zip: FORT MYERS, FL 33908

Title: DVP ( ) Delete  
Name: AMBROSE, DON  
Address: 16685 LAKE DR.  
City-St-Zip: FT. MYERS, FL 33912

Title: STD ( ) Delete  
Name: KAISER, MARY  
Address: 16675 LAKE CIRCLE DR. #948  
City-St-Zip: FORT MYERS, FL 33908

Title: ASM ( ) Delete  
Name: SARVER, REBECCA CAM  
Address: 11691 GATEWAY BLVD., #203  
City-St-Zip: FT MYERS, FL 33913

**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: PATRICIA RAY

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date