2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N04000002443

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: DP (X) Change ( ) Addition
Name: AMBROSE, DON
Address: 16685 LAKE CR.DR.
City-St-Zip: FORT MYERS, FL 33908

Title: DVP (X) Change ( ) Addition
Name: PETERSON, JERRY
Address: 16685 LAKE DR.
City-St-Zip: FT. MYERS, FL 33912

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: DON AMBROSE P 04/24/2009

Electronic Signature of Signing Officer or Director — Date