

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-13-2005 90017 042 ****61.25

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

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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

51-0503333

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE **D** ☐ Delete
NAME **MCMURRAY, DARIN**
STREET ADDRESS **10481 SIX MILE CYPRESS PARKWAY**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **D** ☐ Delete
NAME **BURNS, ALAN R**
STREET ADDRESS **10481 SIX MILE CYPRESS PARKWAY**
CITY-ST-ZIP **FORT 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 Parkway**
CITY-ST-ZIP **Ft. Myers, FL 33912**

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

TITLE **Asst** ☐ Change ☒ Addition
NAME **Doug Bloedorn**
STREET ADDRESS **12734 Kenwood 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

239-936-4336

Daytime Phone #