

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-20-2006 90031 016 ****61.25

DOCUMENT # N04000002798

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
12734 Kenwood Ln.
Suite, Apt. #, etc.

3. Mailing Address
c/o Tropical Isles Mngt.
Suite, Apt. #, etc.

STE 49

12734 Kenwood Ln, STE 49

City & State

City & State

Ft. Myers, FL

Ft. Myers, FL

Zip
33907

Country
USA

Zip
33907

Country
USA

01182006 Chg-NP CR2E037 (11/05)

4. FEI Number
51-0503333

Applied For
Not Applicable

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, CAM
Street Address (P.O. Box Number is Not Acceptable)
12734 Kenwood Ln.
Suite 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 SORENSON, ANDY
STREET ADDRESS 10481 SIX MILE CYPRESS PARKWAY
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE D ☒ Delete
NAME DENSON, STEVE
STREET ADDRESS 10481 SIX MILE CYPRESS PARKWAY
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE D ☒ Delete
NAME HAPEN, JOHN
STREET ADDRESS 10481 SIX MILE CYPRESS PARKWAY
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE ~~ASM~~ ☐ Delete
NAME ~~ROUDDIM, DOUG~~
STREET ADDRESS 12334 KENWOOD LANE SUITE 49
CITY-ST-ZIP FT MYERS, FL 33807

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 Anne Miller
STREET ADDRESS 16575 Lake Cv. Dr., # 1127
CITY-ST-ZIP Ft. Myers, FL 33908

TITLE S/T/D ☐ Change ☒ Addition
NAME Bill Rex
STREET ADDRESS 16575 Lake Cv. Dr. #1125
CITY-ST-ZIP Ft. Myers, FL 33908

TITLE P/D ☐ Change ☒ Addition
NAME Skip Hyde
STREET ADDRESS 16575 Lake Circle Dr. # 1114
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:

Maurice J. Hyde Jr. Pres. Skip Hyde 2/1/06 239 292 7821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #