
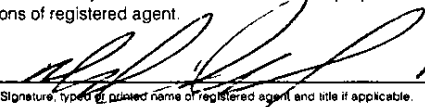
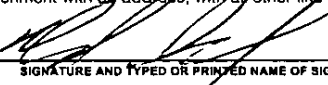


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90072 014 \*\*\*\*61.25

<b>DOCUMENT # N04000002798</b> 1. Entity Name <b>TERRACE VI AT HERITAGE POINTE ASSOCIATION, INC.</b>					
Principal Place of Business <b>12734 KENWOOD LN STE 49 FORT MYERS, FL 33912</b>			Mailing Address <b>JO TROPICAL ISLES MNGT 12734 KENWOOD LN, STE 49 FORT MYERS, FL 33912</b>		
2. Principal Place of Business - No P.O. Box # <b>12734 Kenwood Lane</b>		3. Mailing Address <b>c/o Tropical Isles Mgt</b>			
Suite, Apt. #, etc. <b>ste 49</b>		Suite, Apt. #, etc. <b>12734 Kenwood Ln, ste 49</b>			
City & State <b>Ft Myers, FL</b>		City & State <b>Ft Myers, FL</b>			
Zip <b>33907</b>		Country <b>USA</b>		Zip <b>33907</b>	
Country <b>USA</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>SPIRES, JAN CAM 12734 KENWOOD LN. FORT MYERS, FL 33907</b>				7. Name and Address of New Registered Agent Name <b>Mark Rudland</b> Street Address (P.O. Box Number is Not Acceptable) <b>12734 Kenwood Lane, ste 49</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33907</b>	
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  <b>MARK RUDLAND, CAM</b> <b>5/1/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input type="checkbox"/> Delete <b>MILLER, ANNNE</b> <b>16575 LAKE CIRCLE DRIVE, #1127</b> <b>FORT MYERS, FL 33908</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <input type="checkbox"/> Delete <b>REX, BILL</b> <b>16575 LAKE CR, DRIVE, #1125</b> <b>FORT MYERS, FL 33912</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>HYDE, SKIP</b> <b>16575 LAKE CIRCLE DRIVE, #1114</b> <b>FORT MYERS, FL 33912</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASM</b> <input checked="" type="checkbox"/> Delete <b>SPIERS, JAN</b> <b>12334 KENWOOD LANE SUITE 49</b> <b>FT MYERS, FL 33807</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASM</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MARK RUDLAND</b> <b>12734 Kenwood lane ste 49</b> <b>Ft Myers, FL 33907</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another like empowered.					
<b>SIGNATURE:</b>  <b>MARK RUDLAND</b> <b>5/1/07</b> <b>239-939-2999</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					