

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 08, 2010
Secretary of State

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

Current Principal Place of Business:

12734 KENWOOD LN
STE 49
FORT MYERS, FL 33907

New Principal Place of Business:

12734 KENWOOD LN
STE 49
FORT MYERS, FL 33907 US

Current Mailing Address:

C/O TROPICAL ISLES MGMT
12734 KENWOOD LN, STE 49
FORT MYERS, FL 33907

New Mailing Address:

C/O TROPICAL ISLES MGMT
12734 KENWOOD LN, STE 49
FORT MYERS, FL 33907 US

FEI Number: 51-0503333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
12140 CARISSA COMMERCE COURT, #200
FORT MYERS, FL 33966 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: P
Name: HYDE, SKIP
Address: 16575 LAKE CIRCLE DRIVE, #1114
City-St-Zip: FT. MYERS, FL 33908

Title: VP
Name: MCLEAN, BARBARA
Address: 16575 LAKE CIRCLE DR., #1149
City-St-Zip: FT. MYERS, FL 33908

Title: ST
Name: JACOBSEN, JAKE
Address: 16575 LAKE CIRCLE DRIVE, #1148
City-St-Zip: FT. MYERS, FL 33908

Title: ASM
Name: RUDLAND, MARK
Address: 12734 KENWOOD LANE STE 49
City-St-Zip: FORT MYERS, FL 33907

I hereby 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 all other like empowered.

SIGNATURE: JAKE JACOBSEN

S/T

04/08/2010

Electronic Signature of Signing Officer or Director

Date