2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001634

FILED May 06, 2007 Secretary of State

Entity Name: TERRACES AT HERITAGE ISLE COMMONS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4087 US HIGHWAY 1 1802 N. ALAFAYA TRAIL SUITE 3 ORLANDO, FL 32826

ROCKLEDGE, FL 32955

Current Mailing Address: New Mailing Address:

4087 US HIGHWAY 1 P.O. BOX 781281

SUITE 3 ORLANDO, FL 32878 US ROCKLEDGE. FL 32955

FEI Number: 20-1349557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHIELDS, CHRISTOPHER J COMMUNITY RESOURCE MANAGEMENT, INC 1833 HENDRY STREET 1802 N. ALAFAYA TRAIL

FORT MYERS, FL 33901 US ORLANDO, FL 32826 US

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: FRANK SURFACE 05/06/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: VP (X) Change () Addition Name: RAMSEY, LAUREEN Name: RAMSEY, LAUREEN

 Name:
 RAMSET, LAUREEN
 Name:
 RAMSET, LAUREEN

 Address:
 4087 US HIGHWAY 1 #3
 Address:
 1802 N. ALAFAYA TRAIL

 City-St-Zip:
 ROCKLEDGE, FL 32955
 City-St-Zip:
 ORLANDO, FL 32826

Title: V () Delete Title: TS (X) Change () Addition Name: GANGWISCH, EDWARD R Name: GANGWISCH, EDWARD R

 Address:
 151 WYMORE ROAD #4000
 Address:
 1802 N. ALAFAYA TRAIL

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:
 ORLANDO, FL 32826 US

Title: ST (X) Delete Title: () Change () Addition

 Name:
 ROWELL, SHAWN
 Name:

 Address:
 4087 US HIGHWAY 1 #3
 Address:

 City-St-Zip:
 ROCKLEDGE, FL 32955
 City-St-Zip:

 Name:
 Name:
 BYRNES, LAURA

 Address:
 Address:
 1802 N. ALAFAYA TRAIL

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32826

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: LAURA BYRNES P 05/06/2007