

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004992

FILED
Apr 21, 2008
Secretary of State

Entity Name: TERRACE I AT HERITAGE BAY ASSOCIATION, INC.

Current Principal Place of Business:

10481 SIX MILE CYPRESS PKWY
FT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

10481 SIX MILE CYPRESS PKWY
FT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-5129270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
1833 HENDRY ST
FT MYERS, FL 33901 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: PD () Delete
Name: THORN, DANIEL
Address: 10481 SIX MILE CYPRESS PKWY
City-St-Zip: FT MYERS, FL 33912

Title: VD () Delete
Name: SORENSEN, ANDY
Address: 10481 SIX MILE CYPRESS PKWY
City-St-Zip: FT MYERS, FL 33912

Title: STD () Delete
Name: DISTEPHANO, PAUL
Address: 10471 SIX MILE CYPRESS PKWY
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CRIMALDI, JOSEPH
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FT MYERS, FL 33913

Title: VD (X) Change () Addition
Name: MATHER, GEORGE
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FT MYERS, FL 33913

Title: STD (X) Change () Addition
Name: LOREE, RICHARD
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FT MYERS, FL 33913

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: JOSEPH CRIMALDI

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04/21/2008

Electronic Signature of Signing Officer or Director

Date