2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N06000004992

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:

11691 GATEWAY BOULEVARD
SUITE 203
FT MYERS, FL 33913

Current Mailing Address:

10481 SIX MILE CYPRESS PKWY
FT MYERS, FL 33912

New Mailing Address:

11691 GATEWAY BOULEVARD
SUITE 203
FT MYERS, FL 33913

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:

S & S GOLF MANAGEMENT, INC.
11691 GATEWAY BOULEVARD
SUITE 203
FT MYERS, FL 33913 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: REBECCA SARVER 04/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

Title: STD (X) Change ( ) Addition
Name: HINE, GARY
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 P 04/24/2009
Electronic Signature of Signing Officer or Director Date