

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Nov 05, 2007**  
**Secretary of State**

DOCUMENT# N06000008266

**Entity Name:** TERRACE II AT HERITAGE BAY ASSOCIATION, INC.

**Current Principal Place of Business:**

10481 SIX MILE CYPRESS PKWY  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

10481 SIX MILE CYPRESS PKWY  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 20-5355462      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHIELDS, CHRISTOPHER J ESQ.  
1833 HENDRY STREET  
FORT 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: THRON, DANIEL  
Address: 10481 SIX MILE CYPRESS PKWY  
City-St-Zip: FT. MYERS, FL 33966

Title: VD      ( ) Delete  
Name: SORENSEN, ANDY  
Address: 10481 SIX MILE CYPRESS PKWY  
City-St-Zip: FT. MYERS, FL 33966

Title: STD      ( ) Delete  
Name: DISTEPHANO, PAUL  
Address: 10481 SIX MILE CYPRESS PKWY  
City-St-Zip: FT. MYERS, FL 33966

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: SMITH, RUSSELL R  
Address: 10481 SIX MILE CYPRESS PKWY  
City-St-Zip: FT. MYERS, FL 33966

Title: VPD      (X) Change ( ) Addition  
Name: DEBITETTO, JOHN  
Address: 10481 SIX MILE CYPRESS PKWY  
City-St-Zip: FT. MYERS, FL 33966

Title: STD      (X) Change ( ) Addition  
Name: BILLUPS, JOHN  
Address: 10481 SIX MILE CYPRESS PKWY  
City-St-Zip: FT. MYERS, FL 33966

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: RUSSELL R. SMITH

PD

11/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date