

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003953

FILED  
May 29, 2008  
Secretary of State

Entity Name: TERRACE IV AT HERITAGE ISLE ASSOCIATION, INC.

## Current Principal Place of Business:

4087 U.S. HIGHWAY 1  
SUITE 3  
ROCKLEDGE, FL 32955

## New Principal Place of Business:

19 E. CENTRAL BLVD.  
SECOND FLOOR  
ORLANDO, FL 32801

## Current Mailing Address:

4087 U.S. HIGHWAY 1  
SUITE 3  
ROCKLEDGE, FL 32955

## New Mailing Address:

19 E. CENTRAL BLVD.  
SECOND FLOOR  
ORLANDO, FL 32801

FEI Number: 20-5778635      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:

SHIELDS, CHRISTOPHER J  
1833 HENDRY STREET  
FORT MYERS, FL 33901      US

## Name and Address of New Registered Agent:

COMMUNITY RESOURCE MANAGEMENT, INC.  
19 E. CENTRAL BLVD.  
SECOND FLOOR  
ORLANDO, FL 32801      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, JR

05/29/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: RAMSEY, LAUREEN  
Address: 4087 U.S. HIGHWAY 1 #3  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D      (X) Delete  
Name: ROWELL, SHAWN  
Address: 4087 U.S. HIGHWAY 1 #3  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D      ( ) Delete  
Name: GANGWISCH, EDWARD R  
Address: 151 WYMORE ROAD #4000  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D      (X) Change ( ) Addition  
Name: RAMSEY, LAUREEN  
Address: 19 E. CENTRAL BLVD  
City-St-Zip: ORLANDO, FL 32801

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

Title: PD      (X) Change ( ) Addition  
Name: LOCASCIO, MARYJO R  
Address: 19 E. CENTRAL BLVD  
City-St-Zip: ORLANDO, FL 32801

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: MARYJO LOCASCIO

PD

05/29/2008

Electronic Signature of Signing Officer or Director

Date