

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90111 006 ****61.25

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1. Entity Name

HERITAGE COVE I HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

12734 KENWOOD LANE
STE 49
FORT MYERS FL 33907
US

12734 KENWOOD LANE
STE 49
FORT MYERS FL 33907
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0907727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIRES, JAN
TROPICAL SALES MGMT.
12734 KENWOOD LANE
FORT MYERS FL 33907

Name **TROPICAL ISLES MGMT SVCS INC**
Street Address (P.O. Box Number is Not Acceptable)
12734 KENWOOD LANE
STE 49
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **TROPICAL ISLES MGMT SVCS INC** *Joe DeVecchia* **Joe DeVecchia** **CAM** **2/14/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **CHAMBERLAIN, ROBERT**
STREET ADDRESS **14187 GROSSE POINT LANE**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D** ☐ Delete
NAME **THOMPSON, JAY**
STREET ADDRESS **14162 GROSSE POINT LN**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **DST** ☒ Delete
NAME **RAMBUSCH, VIRGINIA**
STREET ADDRESS **14102 GROSSE POINT LANE**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **ASM** ☒ Delete
NAME **SPIRES, JAN**
STREET ADDRESS **12734 KENWOOD LANE SUITE 49**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V/D** ☐ Change ☒ Addition
NAME **CHARLES A. DOLSON**
STREET ADDRESS **14120 GROSSE POINTE LANE**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **P/D** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **14162 GROSSE POINTE LANE**
CITY-ST-ZIP **SAME**

TITLE **T/S/D** ☐ Change ☒ Addition
NAME **TERRI ANKNEY**
STREET ADDRESS **14163 GROSSE POINTE LANE**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Jay S Thompson MD* **JAY S THOMPSON MD** **3-9-06** **239-985-0240**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #