

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000856

FILED
Mar 09, 2009
Secretary of State

Entity Name: HERITAGE COVE I HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12734 KENWOOD LANE
STE 49
FORT MYERS, FL 33907 US

New Principal Place of Business:

14041 BRANT POINT CIRCLE
FORT MYERS, FL 33919 US

Current Mailing Address:

12734 KENWOOD LANE
STE 49
FORT MYERS, FL 33907 US

New Mailing Address:

14041 BRANT POINT CIRCLE
FORT MYERS, FL 33919 US

FEI Number: 65-0907727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MGMT SVCS INC
12734 KENWOOD LN
STE 49
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

TROPICAL ISLES MGMT SVCS INC
14041 BRANT POINT CIRCLE
FORT MYERS, FL 33919 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:

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMPSON, JAY
Address: 14162 GROSSE PT LN
City-St-Zip: FORT MYERS, FL 33919

Title: VD () Delete
Name: BAUGH, ED
Address: 14103 GROSSE POINTE LANE
City-St-Zip: FORT MYERS, FL 33919

Title: STD () Delete
Name: HUTCHISON, ROSANA
Address: 14186 GROSSE POINTE LANE
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BAUGH, EDWARD
Address: 14103 GROSSE POINTE LANE
City-St-Zip: FORT MYERS, FL 33919

Title: VD (X) Change () Addition
Name: GRAVES, CHARLES
Address: 14097 GROSSE POINTE LANE
City-St-Zip: FORT MYERS, FL 33919

Title: STD (X) Change () Addition
Name: SOETH, PATTY
Address: 14127 GROSSE POINTE LANE
City-St-Zip: FORT MYERS, FL 33919

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: EDWARD BAUGH

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date