


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90017 041 \*\*\*\*61.25

<b>DOCUMENT # N99000001072</b>	
1. Entity Name <b>THE VILLAS I AT HERITAGE COVE ASSOCIATION, INC.</b>	

Principal Place of Business <b>2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044</b>	Mailing Address <b>2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044</b>
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2. Principal Place of Business - No P.O. Box # <b>12734 KENWOOD LANE</b> Suite, Apt. #, etc. <b>SUITE 49</b>	3. Mailing Address <b>12734 KENWOOD LANE</b> Suite, Apt. #, etc. <b>SUITE 49</b>
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City & State <b>FORT MYERS FL</b>	City & State <b>FORT MYERS FL</b>
Zip <b>33907</b> Country <b>USA</b>	Zip <b>33907</b> Country <b>USA</b>



02202007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0976830</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name <b>JAN SPIRES</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>12734 KENWOOD LANE</b>
	<b>SUITE 49</b>
	City <b>FORT MYERS FL</b> Zip Code <b>33907</b>

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 *Jan Spires* **JAN SPIRES C.A.M. 3.22.07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TACOSIK, WALTER 14123 MYSTIC SEAPORT WY FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HICKERSON, RONALD 14126 BRENTON REEF WAY FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HASKIN, CHARLIE 14063 MYSTIC SEAPORT WAY FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HASKINS, CHARLES 14063 MYSTIC SEAPORT WAY FORT MYERS FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRAINA, SAL 14096 BRENTON REEF WAY FORT MYERS FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAMLEK, ROGER 14117 MYSTIC SEAPORT WAY FORT MYERS FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Robert J. Amey* **ROBERT J. AMEY** **3/12/07** **239-415-9500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #