

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004508

FILED
Feb 26, 2009
Secretary of State

Entity Name: TERRACE I AT HERITAGE COVE ASSOCIATION, INC.

Current Principal Place of Business:

14041 BRANT POINT CIRCLE
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

14041 BRANT POINT CIRCLE
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0944460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAKELA, BARBARA
Address: 14121 BRANT POINT CIRCLE #111
City-St-Zip: FORT MYERS, FL 33919

Title: VD () Delete
Name: HOULIHAN, RICHARD
Address: 14121 BRANT POINT CIRCLE #137
City-St-Zip: FORT MYERS, FL 33919

Title: TSD () Delete
Name: RYAN, PATRICK
Address: 14121 BRANT POINT CIRCLE #146
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: RYAN, PAT
Address: 14121 BRANT POINT CIRCLE #146
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: BARBARA MAKELA

PD

02/26/2009

Electronic Signature of Signing Officer or Director

Date