

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001634

Entity Name: TERRACES AT HERITAGE ISLE CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 26, 2023
Secretary of State
8083547273CC**Current Principal Place of Business:**2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779**Current Mailing Address:**2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 US**FEI Number:** 20-5778665**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 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:** BRADLEY POMP**04/26/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	KAPLAN, JEANNETTE
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779

Title	SECRETARY, DIRECTOR
Name	MAHON, SUSAN
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779

Title	TREASURER, DIRECTOR
Name	MITCHELL, MICHAEL
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779

Title	DIRECTOR
Name	FRERICK, THOMAS
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779

Title	DIRECTOR
Name	OLLIS, OMAR
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779

Title	DIRECTOR
Name	BAILEY, THOMAS
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779

I hereby 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 all other like empowered.

SIGNATURE: JEANNETTE KAPLAN**PRESIDENT****04/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date