

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 04 1997 8:00am
Secretary of State**DOCUMENT # 758202 (6)**

1. Corporation Name

THE VILLAGE AT TIERRA VERDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**114 PINELLAS BAYWAY
TIERRA VERDE FL 33715
US****114 PINELLAS BAYWAY
TIERRA VERDE FL 33715-1700
US****3. Date Incorporated or Qualified
10/29/1981****3a. Date of Last Report
03/20/1996****2. Principal Place of Business****2a. Mailing Address****21****26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**29****30****4. FEI Number****59-2152764**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75 Additional
Fee Required****6. Election Campaign Financing
Trust Fund Contribution****\$5.00 May Be
Added to Fees****8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes**☒ Yes ☐ No**9. Name and Address of Current Registered Agent****10. Name and Address of New Registered Agent****THOMAS, DOROTHY
114 PINELLAS BAYWAY
TIERRA VERDE FL 33715****81 Name****82 Street Address (P.O. Box Number is Not Acceptable)****83****84 City****FL****85 Zip Code****11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.****SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12****TITLE** **PD** ☒ DELETE**NAME** **HAZEL, P. MICHAEL**
STREET ADDRESS **126 FIRST STREET EAST #104**
CITY-ST-ZIP **TIERRA VERDE FL****TITLE** **SD** ☒ DELETE**NAME** **LYONS, ALICE**
STREET ADDRESS **131 1ST ST E #301**
CITY-ST-ZIP **TIERRA VERDE FL****TITLE** **VPD** ☒ DELETE**NAME** **TRUHOL, ERIC**
STREET ADDRESS **138 FIRST STREET EAST #302**
CITY-ST-ZIP **TIERRA VERDE FL****TITLE** **D** ☐ DELETE**NAME** **THOMSON, JOHN**
STREET ADDRESS **103 FIRST STREET EAST #204**
CITY-ST-ZIP **TIERRA VERDE FL****TITLE** **TD** ☐ DELETE**NAME** **MARTINO, DOMINICK**
STREET ADDRESS **138 FIRST STREET EAST #307**
CITY-ST-ZIP **TIERRA VERDE FL****TITLE** ☐ DELETE**NAME****STREET ADDRESS****CITY-ST-ZIP****1.1 TITLE** **PD** ☐ Change ☒ Addition**1.2 NAME** **EVANS, C. LAURENCE JR.**
1.3 STREET ADDRESS **138 1ST ST. E #205**
1.4 CITY-ST-ZIP **TIERRA VERDE, FL****2.1 TITLE** **BRYANT, DALE DS** ☐ Change ☒ Addition**2.2 NAME** **126 1ST ST. E #106**
2.3 STREET ADDRESS **TIERRA, VERDE, FL**
2.4 CITY-ST-ZIP**3.1 TITLE** ☐ Change ☐ Addition**3.2 NAME****3.3 STREET ADDRESS****3.4 CITY-ST-ZIP****4.1 TITLE** **DVP** ☒ Change ☐ Addition**4.2 NAME** **THOMSON, JOHN**
4.3 STREET ADDRESS **103 1ST ST. E. #204**
4.4 CITY-ST-ZIP **TIERRA VERDE, FL****5.1 TITLE** ☐ Change ☐ Addition**5.2 NAME****5.3 STREET ADDRESS****5.4 CITY-ST-ZIP****6.1 TITLE** **D** ☐ Change ☒ Addition**6.2 NAME** **MAKIK, ANDREW**
6.3 STREET ADDRESS **131 1ST ST. E #103**
6.4 CITY-ST-ZIP **TIERRA VERDE, FL****14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97**864-0004**

Date Daytime Phone * 0051169

CP2E037 (9/96)