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NONPROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N12519

(7)

TERRAVERDE 1 CONDOMINIUM ASSOCIATION, INC.

| FILED | | | | |
|--------|---------|----------|--|--|
| Jun 25 | 1998 | 8:00am | | |
| Secre | etary c | of State | | |

| Principal Place of Business | Mailing Address | | | |
|---|--|----------------------------|---|-----------------------------------|
| 17280 EAGLE TR. FT Myers FL 33808 US | W.W. SEBO MGMT 9411 CPYRESS LAKE DR., STE.2 FT. MYERS FL 33919 | | Date Incorporated or Qualified 12/13/1985 | |
| 00 | US | | 4. FEI Number 65-0018571 | Applied For Not Applicable |
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| City & State | City & State | | 7. Is this nonprofit corporation a homeown | ners association? |
| Zip Country | Zip Cot 30 | untry | This corporation owes or has paid the of Personal Property Tax due June 30. | ourrent year Intangible Yes No |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | d Agent |
| WWW. OFFIC MONT | | | W. Schoo Management, I | ne. |
| W.W. SEBO MGMT 9411 CPYRESS LAKE DR | | 9/ | ress (P.O. Box Number is Not Acceptable) 9411 Cypress Lake Drive | |
| STE. 2 Ft. Myers fl 33919 | | | uite 2 | |
| 1 | | II | ort Myers F | |
| 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 buth, 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 of finited name of registured ag | ent and title if applicable (NOTE: Registers | d Agent signature required | I when reinstating) DATE | |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS XX Change Addition ☐ DELETE 1.1 TITLE VP D TITLE RAUEN, BOB NAME 1.2 NAME Bob Rauen 17280 EAGLE TRACE 1.3 STREET ADDRESS 17280 Eagle Trace STREET ADDRESS FT MYERS FL 1.4 CITY-ST-ZIP Fort Myers, FL CITY-ST-ZIP Change DELETE Addition 2.1 TITLE TITLE s D DAMBERG, HAROLD NAME 2.2 NAME Harold Damberg 17280 EAGLE TRACE STREET ADDRESS 2.3 STREET ADDRESS 17280 Eagle Trace Fort Myers, FT MYERS FL 2.4 CITY-ST-ZIP CITY-ST-ZIP XX Change Addition ☐ DELETE STD 3.1 TITLE TITLE TD WORLAND, JACK 3.2 NAME Jack Worland NAME 17280 EAGLE TRACE @205 17280 Eagle Trace #205 3.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Fort Myers. FL DELETÉ Addition Change 4.1 TITLE TITLE ΣŊ VANDERMADE, MINOR NAME 4. 2 NAME Minor Vandermade 17280-4 EAGLE TRACE 4.3 STREET ADDRESS STREET ADDRESS 12780-4 Hagle Trace FT.MYERS FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Fort Myers, FL ☐ DELETE Change ■ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby 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 rocciver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

NONATURE, MILLON VALA - 2 ...

CITY-ST-ZIP

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