


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90074 034 \*\*\*\*61.25

<b>DOCUMENT # N12519</b>	
1. Entity Name TERRAVERDE 1 CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business CAPITAL PROPERTIES GROUP, INC. 3364 CLEVELAND AVE. FORT MYERS, FL US	Mailing Address CAPITAL PROPERTIES GROUP, INC. 3364 CLEVELAND AVE. FORT MYERS, FL US
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**50015167**



**DO NOT WRITE IN THIS SPACE**

01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0018571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

RAGER, KENNETH D  
 CAPITAL PROPERTIES GROUP, INC.  
 3364 CLEVELAND AVE.  
 FORT MYERS, FL 33901

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$81.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VICE-PRESIDENT POSTON, SALLY GRUNEWALD, HOWARD 17280 EAGLE TRACE #6 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR PRESIDENT SCHMELTER, DON 17280 EAGLE TRACE #12 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SECRETARY/TREASURER VANDERMADE, MINOR RAVEN, ROBERT 17280 EAGLE TRACE #10 FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I 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 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:** Douglas L. Schmelter 2/10/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #