

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90022 013 ****61.25

DOCUMENT # N12519			
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		2. Principal Place of Business - No P.O. Box # <i>Schoo Management</i>	
3. Mailing Address <i>9411-2 Cypress Lake Drive</i>		Suite, Apt. #, etc.	
City & State <i>Fort Myers FL</i>		4. FEI Number 65-0018571	
Zip <i>33919</i>		Country <i>USA</i>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 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		7. Name and Address of New Registered Agent Name <i>PATRICIA SCHOO</i> Street Address (P.O. Box Number is Not Acceptable) <i>Schoo Management</i> <i>9411-2 Cypress Lake Drive</i> City <i>Ft Myers</i> FL Zip Code <i>33919</i>	
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 <i>Patricia Schoo, CAM</i>		DATE <i>4/21/08</i>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUNEWALD, HOWARD	NAME	
STREET ADDRESS	17280 EAGLE TRACE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMELTER, DON	NAME	<i>Donald R Smith</i>
STREET ADDRESS	17280 EAGLE TRACE	STREET ADDRESS	<i>17280 Eagle Trace #2</i>
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	<i>Fort Myers FL 33908</i>
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	<i>Secy/Treas</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAVEN, ROBERT	NAME	<i>JACK Worland</i>
STREET ADDRESS	17280-4 EAGLE TRACE	STREET ADDRESS	<i>17280 Eagle Trace #11</i>
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	<i>Fort Myers FL 33908</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i>		DATE: <i>4/24/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	