

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90167 016 ****61.25

DOCUMENT # N12519

1. Entity Name
TERRAVERDE 1 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**17280 EAGLE TR.
FT MYERS FL 33908
US**

Mailing Address
**C/O BENSON'S, INC.
12650 WHITEHALL DR.
FORT MYERS FL 33907
US**

2. Principal Place of Business

3. Mailing Address

**Capital Properties Group, Inc.
3364 Cleveland Avenue
Ft. Myers, FL 33901 USA**

**Capital Properties Group, Inc.
3364 Cleveland Avenue
Ft. Myers, FL 33901 USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0018571**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BENSON, MARK R
12650 WHITEHALL D R
FT. MYERS FL 33919**

7. Name and Address of New Registered Agent

Name
Street Address
City

**Kenneth D. Rager
Capital Properties Group, Inc.
3364 Cleveland Avenue
Ft. Myers, FL 33901**

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 *Kenneth D. Rager* **KENNETH D. RAGER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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 NAME STREET ADDRESS CITY-ST-ZIP	VD DAMBERG, HAROLD 17280 EAGLE TRACE #108 FORT MYERS FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WORLAND, JACK 17280 EAGLE TRACE, #111 FORT MYERS FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANDERMADE, MINOR 17280-4 EAGLE TRACE FT.MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALLY POSTON 17280 EAGLE TRACE FT. MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T DON SCHMELTZER, 17280 EAGLE TRACE FT. MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Donald P. Schmeltzer* **RECEIVED**

3-13-03

739-590-6563

CR2E037 (10/02)