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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30356 (2)

1. Corporation Name

TERRAVERDE 7 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 663
ESTERO FL 33928-0663

P.O. BOX 663
ESTERO FL 33928-0663

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1989

3a. Date of Last Report

06/20/1994

4. FEI Number

65-0097667

Applied For

Not Applicable

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

5. 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

**MITCHELL, ELINOR G
17160 9 HAWKS NEST
FT MYERS FL 33906**

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 607.0502 and 607.1508, 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 607.0505, 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
NAME	MITCHELL, ELINOR
STREET ADDRESS	17160-9 HAWKS NEST
CITY-ST-ZIP	FT MYERS FL
TITLE	SD
NAME	MUELLER, JOHN
STREET ADDRESS	17160-7 HAWKS NEST
CITY-ST-ZIP	FT MYERS FL
TITLE	TD
NAME	DOPPE, JOSEPH
STREET ADDRESS	17160-1 HAWKS NEST
CITY-ST-ZIP	FT MYERS FL
TITLE	DV
NAME	MALLOY, PATRICIA
STREET ADDRESS	17160-4 HAWKS W.
CITY-ST-ZIP	FT MYERS FL
TITLE	D
NAME	SCHMIDT, BETTY A
STREET ADDRESS	17140 CORAL CAY LN.
CITY-ST-ZIP	FORT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
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	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Elinor G. Mitchell Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELINOR G. MITCHELL

4-13-95

Date

213-481-6954

Daytime Phone #