

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUL -6 AM 9:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N30356

1. Corporation Name
TERRAVERDE 7 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
9411 Cypress Lake Drive Suite 2 Fort Myers, Florida 33919

Mailing Address
9411 Cypress Lake Drive Suite 2 Fort Myers, Florida 33919

3. Date Incorporated or Qualified

4. FEI Number **65-0097667** Applied For Not Applicable

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**W. W. Schoo Management, Inc.
 9411 Cypress Lake Drive Suite 2 Fort Myers, Florida 33919**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **600002585536--6**

84 City **-07/10/98--01083--003**
*******61R5 *****51.25**

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 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	Elinor Mitchell '7
STREET ADDRESS	17160 - 9 Hawks Nest
CITY-ST-ZIP	Fort Myers, Florida 33908
TITLE	VD <input type="checkbox"/> DELETE
NAME	Pat Molloy
STREET ADDRESS	17160 - 4 Hawks Nest
CITY-ST-ZIP	Fort Myers, Florida 33908
TITLE	STD <input type="checkbox"/> DELETE
NAME	Joseph Doppes
STREET ADDRESS	17160 - 1 Hawks Nest
CITY-ST-ZIP	Fort Myers, Florida 33908
TITLE	D <input type="checkbox"/> DELETE
NAME	Kathy Mueller
STREET ADDRESS	17160 - 7 Hawks Nest
CITY-ST-ZIP	Fort Myers, Florida 33908
TITLE	D <input type="checkbox"/> DELETE
NAME	Betty Ann Schmidt
STREET ADDRESS	17140 Coral Cay Lane
CITY-ST-ZIP	Fort Myers, Florida 33908
TITLE	D <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	600002585536--6
1.4 CITY-ST-ZIP	-07/10/98--01083--004 *****236.25 *****236.25
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

REINSTATEMENT

97-98 USA 1/6/98

14. 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 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: *[Signature]* **4-30-98 941-481-6954**

CR2E037 (10/97)