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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30356

1. Corporation Name

TERRAVERDE 7 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

9411 CYPRESS LAKE DRIVE, STE 2
FORT MYERS FL 33919

Mailing Address

9411 CYPRESS LAKE DRIVE, STE 2
FORT MYERS FL 33919



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/26/1989

4. FEI Number

65-0097667

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

W.W. SCHOO MANAGEMENT, INC.
9411 CYPRESS LAKE DRIVE, STE 2
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MITCHELL, ELINOR
STREET ADDRESS 17160-9 HAWKS NEST
CITY-ST-ZIP FT MYERS FL 33908

TITLE VD
NAME MOLLOY, PAT
STREET ADDRESS 17160-4 HAWKS NEST
CITY-ST-ZIP FT MYERS FL 33908

TITLE STD
NAME DOPPE, JOSEPH
STREET ADDRESS 17160-1 HAWKS NEST
CITY-ST-ZIP FT MYERS FL 33908

TITLE D
NAME MUELLER, KATHY
STREET ADDRESS 17160-7 HAWKS NEST
CITY-ST-ZIP FT MYERS FL 33908

TITLE D
NAME SCHMIDT, BETTY ANN
STREET ADDRESS 17140 CORAL CAY LANE
CITY-ST-ZIP FORT MYERS FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D
2.2 NAME Pat Molloy
2.3 STREET ADDRESS 17160 - 4 Hawks Nest
2.4 CITY-ST-ZIP Fort Myers, FL 33908

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE VD
5.2 NAME Betty Ann Schmidt
5.3 STREET ADDRESS 17140 Coral Cay Lane
5.4 CITY-ST-ZIP Fort Myers, FL 33908

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(1/98)