

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004525

FILED  
Mar 02, 2009  
Secretary of State

**Entity Name:** TERRAVERDE 10 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

17144-2 RAVENS ROOST  
#2  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

17144-2 RAVENS ROOST  
#2  
FORT MYERS, FL 33908 US

**New Mailing Address:**

**FEI Number:** 65-1073508      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEDLAK, DOROTHEA  
17144-2 RAVENS ROOST  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDMD ( ) Delete  
Name: SEDLAK, DOROTHEA  
Address: 17144-2 RAVENS ROOST  
City-St-Zip: FORT MYERS, FL 33908

Title: TSDM ( ) Delete  
Name: THOMPSON, EILEEN  
Address: 18138-1 RAVENS ROOST  
City-St-Zip: FORT MYERS, FL 33908

Title: DM ( ) Delete  
Name: MEGYESI, PATRICIA  
Address: 17144-12 RAVENS ROOST  
City-St-Zip: FORT MYERS, FL 33908

Title: DM ( ) Delete  
Name: BACON, JEROME  
Address: 17138-11 RAVENS ROOST  
City-St-Zip: FORT MYERS, FL 33908

Title: VDMD ( ) Delete  
Name: TOPP, PATRICIA  
Address: 17138-4 RAVENS ROOST  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN THOMPSON

TSDM

03/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date