

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90103 031 ****61.25

DOCUMENT # N98000004525

1. Entity Name

TERRAVERDE 10 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**780 NW LE JEUNE RD
#616
MIAMI FL 33126
US**

Mailing Address

**780 NW LE JEUNE RD
#616
MIAMI FL 33126
US**

2. Principal Place of Business

17144-1 RAVENS ROOST

3. Mailing Address

17144 RAVENS ROOST

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

FT. MYERS FL

City & State

FT MYERS FL

Zip

33908

Country

USA

Zip

33908

Country

USA

4. FEI Number **65-1073508**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAYOR, REYNALDO F
6075 SUNSET DR #400
MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name **WILLIAM SMOOT**

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

17144-1 RAVENS ROOST

City

FT. MYERS

FL

Zip Code

33908

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

WILLIAM R SMOOT William R Smoot

3-29-03

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MAYOR, REYNALDO F	
STREET ADDRESS	780 NW LE JEUNE RD #616	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAYOR, MELISA	
STREET ADDRESS	780 NW LE JEUNE RD #616	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHOOOF, DARREN	
STREET ADDRESS	780 NW LEJEUNE RD #616	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D/M/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM SMOOT	
STREET ADDRESS	17144-1 RAVENS ROOST	
CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE	V/D/M/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOROTHEA SEDLAK	
STREET ADDRESS	17144-2 RAVENS ROOST	
CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE	T/S/D/M/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EILEEN THOMPSON	
STREET ADDRESS	17138-1 RAVENS ROOST	
CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **WILLIAM R SMOOT William R Smoot** 3-29-03 (239) 437-7408

CR2E037 (10/02)