

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010255

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: TERRAVERDE 26 CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

SCHOO MANAGEMENT  
9411-2 CYPRESS LAKES DR  
FORT MYERS, FL 33919 US

## New Principal Place of Business:

## Current Mailing Address:

9411-2 CYPRESS LAKES DR  
FORT MYERS, FL 33919 US

## New Mailing Address:

FEI Number: 20-5668966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATRICIA SCHOO CAM  
SCHOO MANAGEMENT  
9411-2 CYPRESS LAKES DR #2  
FORT MYERS, FL 33919 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: DST ( ) Delete  
Name: COLSON, KARIN A.  
Address: 5280 MYRTLE LANE  
City-St-Zip: NAPLES, FL 34113

Title: P ( ) Delete  
Name: COLLEEN, BARONY  
Address: 12063 TERRA VERDE CT #11  
City-St-Zip: FORT MYERS, FL 33908

Title: VP ( ) Delete  
Name: KAHHA, CAROL  
Address: 12063 TERRA VERDE CT #8  
City-St-Zip: FORT MYERS, FL 33908

Title: ST (X) Delete  
Name: SUPERAK, KEN  
Address: 12063 TERRA VERDE CT #12  
City-St-Zip: FORT MYERS, FL 33908

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BARANY, COLLEEN  
Address: 12063 TERRAVERDE COURT #11  
City-St-Zip: FT. MYERS, FL 33908

Title: S (X) Change ( ) Addition  
Name: KANN, CAROL  
Address: 12063 TERRA VERDE CT #8  
City-St-Zip: FORT MYERS, FL 33908

Title: TR (X) Change ( ) Addition  
Name: SUPERAK, KEN  
Address: 12063 TERRA VERDE CT #12  
City-St-Zip: FORT MYERS, FL 33908

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: PATRICIA SCHOO

CAM

04/14/2009

Electronic Signature of Signing Officer or Director

Date