

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010255

Entity Name: TERRAVERDE 26 CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**SCHOO MANAGEMENT, INC
9411-2 CYPRESS LAKES DR. #2
FORT MYERS, FL 33919**Current Mailing Address:**9411-2 CYPRESS LAKES DR. #2
FORT MYERS, FL 33919 US**FEI Number:** 20-5668966**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHOO, PATRICIA
C/O SCHOO MANAGEMENT
9411 CYPRESS LAKE DRIVE SUITE 2
FORT MYERS, FL 33919 US*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:** PATRICIA SCHOO

02/14/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name THOMAS, RICHARD
Address SCHOO MANAGEMENT, INC
9411-2 CYPRESS LAKES DR. #2
City-State-Zip: FORT MYERS FL 33919

Title VP
Name THOMPSON, EILEEN
Address SCHOO MANAGEMENT, INC
9411-2 CYPRESS LAKES DR. #2
City-State-Zip: FORT MYERS FL 33919

Title T
Name BOYD, CANDY
Address SCHOO MANAGEMENT, INC
9411-2 CYPRESS LAKES DR. #2
City-State-Zip: FORT MYERS FL 33919

Title D
Name OWEN, DAVID
Address SCHOO MANAGEMENT, INC
9411-2 CYPRESS LAKES DR. #2
City-State-Zip: FORT MYERS FL 33919

Title S
Name SMITH, PAT
Address SCHOO MANAGEMENT, INC
9411-2 CYPRESS LAKES DR. #2
City-State-Zip: FORT MYERS FL 33919

I hereby 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 all other like empowered.

SIGNATURE: PAT SMITH**SECRETARY**

02/14/2020

Electronic Signature of Signing Officer/Director Detail

Date