

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12519

**FILED**  
**Mar 21, 2018**  
**Secretary of State**  
**CC9460709031**

**Entity Name:** TERRAVERDE 1 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

P & M PROPERTY MANAGEMENT  
14360 SOUTH TAMIAMI TR. UNIT B  
FORT MYERS, FL 33912

**Current Mailing Address:**

P & M PROPERTY MANAGEMENT  
14360 SOUTH TAMIAMI TR. UNIT B  
FORT MYERS, FL 33912 US

**FEI Number:** 65-0018571

**Certificate of Status Desired:** No

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

SAPP, PAUL L  
P & M PROPERTY MANAGEMENT  
14360 SOUTH TAMIAMI TR. UNIT B  
FORT MYERS, FL 33912 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:** PAUL L SAPP

03/21/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MORSE, LARRY  
Address        P & M PROPERTY  
                  MANAGEMENT  
                  14360 SOUTH TAMIAMI TR. UNIT B  
City-State-Zip: FORT MYERS FL 33912

Title            VP  
Name            DINARDO, DAVE  
Address        P & M PROPERTY  
                  MANAGEMENT  
                  14360 SOUTH TAMIAMI TR. UNIT B  
City-State-Zip: FORT MYERS FL 33912

Title            SECRETARY, TREASURER  
Name            JACOBS, BRUCE  
Address        14360 SOUTH TAMIAMI TRAIL  
                  B  
City-State-Zip: FORT MYERS FL 33912

Title            AS/AT  
Name            DIVELEY, RANDALL  
Address        P & M PROPERTY  
                  MANAGEMENT  
                  14360 SOUTH TAMIAMI TR. UNIT B  
City-State-Zip: FORT MYERS FL 33912

*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:** RANDALL DIVELEY

AS

03/21/2018

Electronic Signature of Signing Officer/Director Detail

Date