

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30356

**Entity Name:** TERRAVERDE 7 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O SCHOO ASSOCIATION MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE SUITE C  
FORT MYERS, FL 33919

**Current Mailing Address:**

C/O SCHOO ASSOCIATION MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE SUITE C  
FORT MYERS, FL 33919 US

**FEI Number:** 65-0097667

**Certificate of Status Desired:** No

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

SCHOO, PATRICIA  
C/O SCHOO ASSOCIATION MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE SUITE C  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MCGUIRE, DENNIS  
Address C/O SCHOO ASSOCIATION  
MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE SUITE C  
City-State-Zip: FORT MYERS FL 33919

Title VP  
Name MOLLOY, PAT  
Address C/O SCHOO ASSOCIATION  
MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE SUITE C  
City-State-Zip: FORT MYERS FL 33919

Title S, T  
Name MUNNINGS, NYDIA  
Address C/O SCHOO ASSOCIATION  
MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE SUITE C  
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:** NYDIA MUNNINGS

**SECRETARY**

**04/14/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date