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 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	
above, or on an attachment with all other like empowered.	

PRESIDENT

#### DOCUMENT# N9800004525

Entity Name: TERRAVERDE 10 CONDOMINIUM ASSOCIATION, INC.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

17144-2 RAVENS ROOST #2 FORT MYERS, FL 33908

# **Current Mailing Address:**

17144-2 RAVENS ROOST #2 FORT MYERS, FL 33908 US

## FEI Number: 65-1073508

## Name and Address of Current Registered Agent:

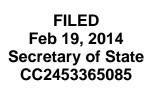
SCHOO, PATRICIA 9411 CYPRESS LAKE DRIVE #2 FORT MYERS, FL 33919 US

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	E PATRICIA SCHOO			02/19/2014	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT	Title	VP		
Name	DIGRAND, SALVATORE	Name	SEDLAK, DOTTIE		
Address	17144-10 RAVENS ROOST	Address	17144- 2 RAVENS ROOST		
City-State-Zip:	FORT MYERS FL 33908	City-State-Zip:	FORT MYERS FL 33908		
Title	SECRETARY, TREASURER	Title	DIRECTOR		
Name	SMITHWICK, LENUEL	Name	SMOOT, PAM		
Address	17138 -9 RAVENS ROOST	Address	17144-1 RAVENS ROOST		
City-State-Zip:	FORT MYERS FL 33908	City-State-Zip:	FORT MYERS FL 33908		
Title	DIRECTOR				
Name	TOPP, PATRICIA				
Address	17138-4 RAVENS ROOST				
City-State-Zip:	FORT MYERS FL 33908				

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: SALVATORE DIGRAND



Certificate of Status Desired: No

02/19/2014 Date