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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **702634** **(7)**

1. Corporation Name

TIERRA VERDE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1120 PINELLAS BAYWAY SUITE 200 TIERRA VERDE FL 33715	1120 PINELLAS BAYWAY SUITE 200 TIERRA VERDE FL 33715-1505

3. Date Incorporated or Qualified: 06/30/1961
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-6152369 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

~~DUPRE' STEVENS C.~~
~~200 CENTRAL AVENUE, SUITE 2300~~
~~BARNETT TOWER CARLTON, FIELDS, ETAL~~
~~ST. PETERSBURG FL 33701~~

10. Name and Address of New Registered Agent

81 Name: KAREN B. NORTHRUP, ADMINISTRATOR
82 Street Address (P.O. Box Number is Not Acceptable): TIERRA VERDE COMMUNITY ASSN., INC.
83: 1120 PINELLAS BAYWAY, SUITE 200
84 City: TIERRA VERDE **FL** 85 Zip Code: 33715

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Karen B. Northrup, KAREN B. NORTHRUP, ADMINISTRATOR 2/20/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☑ DELETE	1.1 TITLE	VD	☑ Change ☐ Addition
NAME	~~TUEGEL, ROBERT~~		1.2 NAME	TRACY BOYER	
STREET ADDRESS	~~433 MONTE CHRISTO BLVD.~~		1.3 STREET ADDRESS	370 PINELLAS BAYWAY, UNIT F	
CITY-ST-ZIP	~~TIERRA VERDE FL~~		1.4 CITY-ST-ZIP	TIERRA VERDE, FL	
TITLE	SD	☑ DELETE	2.1 TITLE	SD	☑ Change ☐ Addition
NAME	~~DUPRE, STEVEN C~~		2.2 NAME	MARSHA YOUNG	
STREET ADDRESS	~~365 2ND ST W~~		2.3 STREET ADDRESS	745 PINELLAS BAYWAY, #106	
CITY-ST-ZIP	~~TIERRA VERDE FL~~		2.4 CITY-ST-ZIP	TIERRA VERDE, FL	
TITLE	TD	☑ DELETE	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	~~HAZEL, MIKE~~		3.2 NAME	ROBERT MELBY	
STREET ADDRESS	~~126 1ST STREET E. #104~~		3.3 STREET ADDRESS	108 5th STREET EAST	
CITY-ST-ZIP	~~TIERA VERDE FL~~		3.4 CITY-ST-ZIP	TIERRA VERDE, FL	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MACIK, CAROL		4.2 NAME		
STREET ADDRESS	138 1ST ST E #303		4.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	IERNA, RANDALL K.		5.2 NAME		
STREET ADDRESS	181 3RD STREET WEST		5.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, STEVEN B		6.2 NAME		
STREET ADDRESS	729 PONCE DE LEON DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: STEVEN B COHEN, PRES 2/21/97 813:867-9362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0051116