

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 22 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 702634 (7)**  
 1. Corporation Name  
**TIERRA VERDE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business 1120 PINELLAS BAYWAY SUITE 200 TIERRA VERDE FL 33715	Mailing Address 1120 PINELLAS BAYWAY SUITE 200 TIERRA VERDE FL 33715
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3. Date Incorporated or Qualified <b>06/30/1961</b>	
4. FEI Number <b>59-6152369</b>	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  KAREN B NORTHRUP, ADMINISTRATOR TIERRA VERDE COMMUNITY ASSOCIATION INC 1120 PINELLAS BAYWAY SUITE 200 TIERRA VERDE FL 33715	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOYER, TRACY 370 PINELLAS BAYWAY UNIT F TIERRA VERDE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNG, MARSHA 745 PINELLAS BAYWAY #106 TIERRA VERDE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELBY, ROBERT 108 5TH STE E TIERRA VERDR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHIC, CAROL 138 1ST ST E #383 TIERRA VERDE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IERNA, RANDALL K. 181 3RD STREET WEST TIERRA VERDE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, STEVEN B 729 PONCE DE LEON DR TIERRA VERDE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D ED WESTCOTT 903 PINELLAS BAYWAY, #106 TIERRA VERDE, FL 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VD LAURO, FRANK 298 MONTE CRISTO BLVD TIERRA VERDE, FL 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Karen M. M... President Date: 1/22/98 Daytime Phone # 813 898 5700

CR2E037 (10/97)