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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702634

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

06/30/1961

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **BOYER, TRACY**
STREET ADDRESS **370 PINELLAS BAYWAY UNIT F**
CITY-ST-ZIP **TIERRA VERDE FL**

TITLE **SD** ☐ DELETE
NAME **YOUNG, MARSHA**
STREET ADDRESS **745 PINELLAS BAYWAY #106**
CITY-ST-ZIP **TIERRA VERDE FL**

TITLE **TD** ☐ DELETE
NAME **MELBY, ROBERT**
STREET ADDRESS **108 5TH STE E**
CITY-ST-ZIP **TIERRA VERDR FL**

TITLE **D** ☐ DELETE
NAME **WESTCOTT, ED**
STREET ADDRESS **903 PINELLAS BAYWAY #106**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **VD** ☐ DELETE
NAME **LOURO, FRANK**
STREET ADDRESS **298 MONTE CRISTO BLVD**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **PD** ☐ DELETE
NAME **COHEN, STEVEN B**
STREET ADDRESS **729 PONCE DE LEON DR**
CITY-ST-ZIP **TIERRA VERDE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **BILL EVANS**
1.3 STREET ADDRESS **490 4TH AVE. NO.**
1.4 CITY-ST-ZIP **TIERRA VERDE, FL 33715**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **LAURO, FRANK**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)