

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -7 PM 1:44

DOCUMENT # 713741 (7)

1. Corporation Name

TIERRA VERDE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

1900 SO. KANNER HWY.,
STUART FL 34994

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STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1987

3a. Date of Last Report

04/21/1994

4. FEI Number

59-1439446

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADVANTAGE PROPERTY MGMT
1274 NE BUSINESS PARK PL
850 NE POP TILTONS PL
JENSEN BCH FL 34957

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ALPAUGH, WILLIAM
STREET ADDRESS	1900 S KANNER HWY 9-105
CITY-ST-ZIP	STUART FL
TITLE	P
NAME	JONES, ROBERT
STREET ADDRESS	1900 S. KANNER 3-106
CITY-ST-ZIP	STUART, FL 00000
TITLE	D
NAME	HILO, ROSEMARIE
STREET ADDRESS	1900 S KANNER HWY 3-202
CITY-ST-ZIP	STUART FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	P D	☐ Change ☒ Addition
1.2 NAME	BILL JOHNSON	
1.3 STREET ADDRESS	1900 S. KANNER HWY 6-201	
1.4 CITY-ST-ZIP	STUART, FL	
2.1 TITLE	VP D	☐ Change ☒ Addition
2.2 NAME	HENRY GAUTHIER	
2.3 STREET ADDRESS	1900 S. KANNER HWY 9-201	
2.4 CITY-ST-ZIP	STUART, FL	
3.1 TITLE	S D	☐ Change ☒ Addition
3.2 NAME	ROSE CALABRESE	
3.3 STREET ADDRESS	1900 S. KANNER HWY 10-203	
3.4 CITY-ST-ZIP	STUART, FL	
4.1 TITLE	T D	☐ Change ☒ Addition
4.2 NAME	PHIL HILD	
4.3 STREET ADDRESS	1900 S. KANNER HWY 3-202	
4.4 CITY-ST-ZIP	STUART, FL	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *x*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/95

707-283-8540