FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	1900 SO. KANNER HWY.. STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1967
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-1439446 ☐ Applied For ☐ 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 ☐ — $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

9. Name and Address of Current Registered Agent

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

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P D	☐ Change ☒ Addition
NAME	ALPAUGH, WILLIAM	1.2 NAME	BILL JOHNSON	
STREET ADDRESS	1900 S KANNER HWY 9-105	1.3 STREET ADDRESS	1900 S. KANNER HWY 6-201	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART, FL	
TITLE	P	2.1 TITLE	VP D	☐ Change ☒ Addition
NAME	JONES, ROBERT	2.2 NAME	HENRY GAUTHIER	
STREET ADDRESS	1900 S. KANNER 3-106	2.3 STREET ADDRESS	1900 S. KANNER HWY 9-201	
CITY-ST-ZIP	STUART, FL 00000	2.4 CITY-ST-ZIP	STUART, FL	
TITLE	D	3.1 TITLE	S D	☐ Change ☒ Addition
NAME	HILO, ROSENMARIE	3.2 NAME	ROSE CALABRESE	
STREET ADDRESS	1900 S KANNER HWY 3-202	3.3 STREET ADDRESS	1900 S. KANNER HWY 10-203	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	STUART, FL	
TITLE		4.1 TITLE	T D	☐ Change ☒ Addition
NAME		4.2 NAME	PHIL HILO	
STREET ADDRESS		4.3 STREET ADDRESS	1900 S. KANNER HWY 3-202	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	STUART, FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: X Phillip Hild 1/26/95 407 485 8540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020040