FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: **12/05/1967**
3a. Date of Last Report: **03/07/1995**

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: **59-1439446** ☐ 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

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): 1274 NE Business Park PL
83
84 City: Jensen Beach FL 85 Zip Code: 34957

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 _____ 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	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALPAUGH, WILLIAM		1.2 NAME		
STREET ADDRESS	1900 S KANNER HWY 9-105		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	JONES, ROBERT		2.2 NAME		
STREET ADDRESS	1900 S. KANNER 3-106		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	HILO, ROSENMARIE		3.2 NAME	HILD, PHILLIP	
STREET ADDRESS	1900 S KANNER HWY 3-202		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	JOHNSON, BILL		4.2 NAME		
STREET ADDRESS	1900 S. KANNER HWY 6-201		4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE	P/D	☒ Change ☐ Addition
NAME	GAUTHIER, HENRY		5.2 NAME		
STREET ADDRESS	1900 S. KANNER HWY 9-201		5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CALABRESE, ROSE		6.2 NAME		
STREET ADDRESS	1900 S. KANNER HWY 10-203		6.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(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: _____ Feb 2 1996 334-8900
SIGNATURE AND TYPED OR PRINTED NAME OF MGMNG OFFICER OR DIRECTOR — Date — Daytime Phone #