FILE NOW: FILING FEE IS $61.25

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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 34994-7206

3. Date Incorporated or Qualified: **12/05/1967**
3a. Date of Last Report: **03/06/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
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 PLACE
JENSEN BEACH 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 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	SD	☒ Change ☐ Addition
NAME	JONES, ROBERT		1.2 NAME		
STREET ADDRESS	1900 S. KANNER 3-106		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 00000		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	HILO, PHILLIP		2.2 NAME	COONEY, VINCENT	
STREET ADDRESS	1900 S KANNER HWY 3-202		2.3 STREET ADDRESS	1900 S. KANNER HWY 9-203	
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	STUART FL 34994	
TITLE	VPD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	JOHNSON, BILL		3.2 NAME		
STREET ADDRESS	1900 S. KANNER HWY 6-201		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GAUTHIER, HENRY		4.2 NAME		
STREET ADDRESS	1900 S. KANNER HWY 9-201		4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	CALABRESE, ROSE		5.2 NAME	CRARY, WILLIAM F.	
STREET ADDRESS	1900 S. KANNER HWY 10-203		5.3 STREET ADDRESS	1900 S KANNER HWY 7-206	
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-ZIP	STUART FL 34994	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED Henry C Gauthier Date 1/30/97 Daytime Phone # 286-7304 0071883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR