FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED Feb 04 1998 8:00am Secretary of State

1. Corporation Name (7)				
TIERRA VERDE CONDOMINIUM, INC.				
HILITIA VENDE GONDONINIONI, ING.				E FERNIL IRRAF ESCOC BUSIN FROM ANDRO DESCRIPTION MERS BUNIN AFORT ALERS ALGUL DAG
Principal Place of Business Mailing Add		Mailing Address		T I DOULL ENAND TINGEN HINT JORET WEREN HINT DINTE ANNTH WINTH WERE WINTH RIGHT HODE
1900 SO. KANNER HWY., 1900 SO. KANNER HWY.,				3. Date Incorporated or Qualified
STUART FL 34		STUART FL 34994		
1				12/05/1967 4. FEI Number Applied For
1				59-1439446 Not Applicable
Principal Place of Business 2a. Mailin		2a. Mailing Address	***	- 60.7F
21		26		5. Certificate of Status Desired Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
23 Zip	Country		Country	Yes ∐ No
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
241	9. Name and Address of Current		30	10. Name and Address of New Registered Agent
81 Name				
ADVANTAGE PROPERTY MGMT			82 Street A	Address (P.O. Box Number is Not Acceptable)
1274 NE BUSINESS PARK PLACE			Jueet A	Address (1.0. Dox Number is not Addeptable)
JENSEN	I BEACH FL 34957		83	
			84 City	■■ 85 Zip Code
				FL; ;
11. Pursuant	to the provisions of Sections 617,0502	and 617,1508, Florida Statu	ites, the above-named	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, F	lorida Statutes.	oralion's board or directors. Thereby accept the appointment as registered
SIGNATURE .				
12.	Signature, typed or printed name of registered agent OFFICERS AND		TE: Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD ST IGERIA AND	DELETE	1.1 TITLE	S C Change Addition
NAME	JONES, ROBERT		1.2 NAME	COLLINS I NAMEY
STREET ADDRESS	1900 S. KANNER 3-106		1,3 STREET ADDRESS	1900 S.KANNER HWY 8-105
CITY-ST-ZIP	STUART, FL 00000	,	1.4 CITY - ST - ZIP	STUALT, FL. 34944
TITLE	VPD	DELETE	2.1 TITLE	VPO Addition
NAME	COONEY, VINCENT		2.2 NAME	1+1LD, ROSEMANIE 1900 SKANNER HUY 3-202
STREET ADDRESS	1900 S. KANNER HWY., 9-203		2.3 STREET ADDRESS	1900 3 KANNER HUN 3 -202
CITY-ST-ZIP	STUART FL		2. 4 CITY-ST-ZIP	STUART FL. 3 Y 9 44
TITLE	TD	☐ DELETE	3.1 TITLE	☐ 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	(m) a.e	3.4. CITÝ - ST - ZIP	
TITLE	PD	C DELETE	4.1 TITLE	Li Change Li Addition
NAME	GAUTHIER, HENRY		4. 2 NAME	
STREET ADDRESS	1900 S. KANNER HWY 9-201		4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL D	☐ DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE	CRARY, WILLIAM F	☐ SELETE	5.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	1900 S. KANNER HWY 7-206		5.2 NAME	
STREET ADDRESS	STUART FL		5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	OTOMIC IL	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	Addition
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
	ertify that the information supplied with	this filing does not qualify		in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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 agrees.