

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

07-30-2004 90002 016 ****61.25

DOCUMENT # 713741

1. Entity Name
TIERRA VERDE CONDOMINIUM, INC.



Principal Place of Business
1900 SO. KANNER HWY.,
STUART, FL 34994

Mailing Address
1900 SO. KANNER HWY.,
STUART, FL 34994

66432859



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08192004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1439446

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ADVANTAGE PROPERTY MGMT
1274 NE BUSINESS PARK PLACE
JENSEN BEACH, FL 34957**

7. Name and Address of New Registered Agent

Name **Willie McClure**
Street Address (P.O. Box Number is Not Acceptable)
1900 S. Kanner Hwy 2-106
City **STUART** FL Zip Code **34994**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Willie McClure, President** **Willie McClure** **0825-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRAMPTON, PAM 1900 S KANNER HWY, #7-107 STUART, FL 34994 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTDRFF, MACK 1900 KANNER HWY. #9-107 STUART, FL 34994 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLBERT, RUTH 1900 S. KANNER HWY #5-103 STUART, FL 34994 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAROLD, JOHNS 1900 S. KANNER HWY #7-202 STUART, FL 34994 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILD, ROSEMARLE 1900 S. KANNER HWY. #3-202 STUART, FL 34994 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKINSON, ROBERT 1900 S KANNER HWY, #6-206 STUART, FL 34994 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Willie McClure 1900 S. Kanner Hwy 2-106 STUART, FL 34994 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sheila Hedges 1900 S. Kanner Hwy 1-206 STUART, FL 34994 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beverly Christensen 1900 S. Kanner Hwy 8-105 STUART, FL 34994 ☐ Change ☒ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Willie McClure, President** **Willie McClure** **0825-04** **772-283-8520**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #