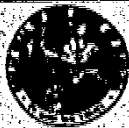


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 2, 1998.
AMOUNT DUE ON OR BEFORE 6/30/95: \$155 (IF EMPLOYER, EMPLOYMENT AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 757903

(0)

1. Corporation Name

TERRA VERDE YACHT CLUB, INC.

FILED

1995 JUL 11 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

200 MADONNA BLVD
PO BOX 58033
TERRA VERDE FL 33715

200 MADONNA BLVD
PO BOX 58033
TERRA VERDE FL 33715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1981

3a. Date of Last Report

06/17/1994

4. FEI Number

59-2210160

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILKSON, RON C.

C/O MARSHALL AND STEVENS INCORPORATED

13902 N. DALE MABRY HIGHWAY, SUITE 122

TAMPA FL 33618-2424

81 Name

82 Street Address (P.O. Box Number is not acceptable)

1100 Pinellas Bayway Unit G2

83

84 City

Tierra Verde

FL

85

Zip Code

33715

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

WILKSON, RON C.
9023 GAMARA DRIVE
TAMPA FL
PD
HILL, STERLING T.
200 MADONNA BLVD.
TERRA VERDE FL
RD
SIMON, JOHN L.
108 PATTERSON DRIVE
AUBURNDALE FL
VD
AHMAN, STEWART
200 MADONNA BLVD
TERRA VERDE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

VD
Wilkson, Ron
1100 Pinellas Bayway Unit G2
Terra Verde FL 33715
VD
Miller, Monti
P.O. Box 27127
St Petersburg FL 33711
LD
Harvey, Robert
200 Madonna Blvd
Terra Verde FL 33715
PD
Ahman, Stewart
900 Pinellas Bayway Unit 113
Terra Verde FL 33715

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stewart A. Ahman

DATE

7/2/95

Daytime Phone #

CR2E037 (3/95)