

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90438 050 ****61.25

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1. Entity Name
TERRA VERDE RESORT MASTER ASSOCIATION, INC.



Principal Place of Business
**5401 S KIRKMAN RD
SUITE 450
ORLANDO, FL 32819**

Mailing Address
**5401 S KIRKMAN RD
SUITE 450
ORLANDO, FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262006 Chg-NP CR2E037 (11/05)

4. FEI Number
68-0256172

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMMUNITY MANAGEMENT PROF. INC.
5401 S KIRKMAN RD
SUITE 450
ORLANDO, FL 32819**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 May 1, 2006**

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 ☒ Delete
NAME **DP**
STREET ADDRESS **CAVARETTA, CHARLES F**
CITY-ST-ZIP **5200 VINELAND RD STE 200
ORLANDO, FL 32811**

TITLE ☒ Delete
NAME **DVP**
STREET ADDRESS **DILGER, GARY**
CITY-ST-ZIP **5200 VINELAND RD STE 200
ORLANDO, FL 32811**

TITLE ☒ Delete
NAME **DST**
STREET ADDRESS **PROULX, CYNTHIA M**
CITY-ST-ZIP **5200 VINELAND RD STE 200
ORLANDO, FL 32811**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **PAUL BROOK**
CITY-ST-ZIP **12 Regent Drive Billerica
ESSEX ENGLAND CM120GD United Kingdom**

TITLE ☐ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS **DON MOHAN**
CITY-ST-ZIP **502 Antioch
BALDWIN, MD 32811**

TITLE ☐ Change ☐ Addition
NAME **Secretary Treasurer**
STREET ADDRESS **SHARON RAMSDEN**
CITY-ST-ZIP **28 AVON WALK Featherstone
WEST YORKSHIRE WF6JR U.K.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

40060975



**PAUL BROOK
PRES**

28 06

**407
9039969**