

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90053 033 ****61.25

DOCUMENT # N02000006584 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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 68-0256172	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT PROF. INC. 5401 S KIRKMAN RD SUITE 450 ORLANDO, FL 32819				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 may be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROOK, PAUL 12 REGANT DR MILLERICAY ESSEX ENGLAND, UK em12sgd				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MOHAN, DON 802 ANTIOCH ORLANDO, FL 32811				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RANSDEN, SHARON 28 AVONWALK FEATHER STONE WEST YORKSHIRE, UK WFLJR				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Ian Mason 5401 S. Kirkman Rd/sr 450 Orlando FL 32819 ☐ Change ☒ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D P David Wood 5401 S. Kirkman Rd/sr 450 Orlando FL 32819 ☐ Change ☒ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D T Joy Gilbert 5401 S. Kirkman Rd/sr 450 Orlando FL 32819 ☐ Change ☒ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Ken Soltis 5401 S. Kirkman Rd/sr 450 Orlando, FL - 32819 ☐ Change ☒ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
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 the empowered.					
SIGNATURE: <u><i>[Signature]</i></u> Date: <u>4/25/07</u>					