

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006567

FILED  
Mar 11, 2008  
Secretary of State

**Entity Name:** THE MANORS AT TERRA VERDE RESORT HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5401 S KIRKMAN RD  
SUITE 450  
ORLANDO, FL 32819

**New Principal Place of Business:**

109 MADIERA BEACH BOULEVARD  
KISSIMMEE, FL 34746

**Current Mailing Address:**

5401 S KIRKMAN RD  
SUITE 450  
ORLANDO, FL 32819

**New Mailing Address:**

109 MADIERA BEACH BOULEVARD  
KISSIMMEE, FL 34746

**FEI Number:** 68-0566177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

BHAVSAR, GIFFORD & HAGOOD  
1053 MAITLAND CENTER COMMONS  
SUITE 101  
MAITLAND, FL 32751 US

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.

SIGNATURE: PETER P. HAGOOD, ESQUIRE

03/11/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WOOD, DAVID  
Address: 5401 S. KIRKMAN RD. STE 450  
City-St-Zip: ORLANDO, FL 32819

Title: DVP ( ) Delete  
Name: MASON, IAN  
Address: 5401 S. KIRKMAN RD. STE 450  
City-St-Zip: ORLANDO, FL 32819

Title: DT ( ) Delete  
Name: FARMILOE, ANDREW  
Address: 5401 S. KIEKMAN RD., STE 450  
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP/T (X) Change ( ) Addition  
Name: BLUM, PATRICK  
Address: 2069 JADE LANE, NORTH EAST  
City-St-Zip: ROCHESTER, MN 55906 US

Title: DVP (X) Change ( ) Addition  
Name: MASON, IAN  
Address: 2902 SOUTH WEST 30TH STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: DS (X) Change ( ) Addition  
Name: ELMER, HELEN  
Address: 7 CLOVER HILL LANE  
City-St-Zip: EWING, NJ 08638 US

Title: D ( ) Change (X) Addition  
Name: MOGLE, JOY  
Address: 3820 SEVERN AVENUE  
City-St-Zip: METAIRIE, LA 70002 US

Title: D ( ) Change (X) Addition  
Name: WOOD, DAVID  
Address: 9 THE STREET  
City-St-Zip: WICKHAM BISHOPS, WITHAM, UK CM8 3NL UK

Title: D ( ) Change (X) Addition  
Name: RAYMOND, PETER  
Address: 237 MEDJAY LANE  
City-St-Zip: TOMS RIVER, NJ 08755 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK BLUM

DP/T

03/11/2008

Electronic Signature of Signing Officer or Director

Date