2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State
05-04-2005 90128 017 ****61.25

DOCUMENT # N04000000513

1. Entity Name
TERRAVERDE 14 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O POI DEVELOPMENT, INC. 314 NEWPORT DRIVE #4 NAPLES, FL 34114	C/O POI DEVELOPMENT, INC. 314 NEWPORT DRIVE #4 NAPLES, FL 34114

66021238

04062005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
9411 Cypress Lake Dr	9411 Cypress Lake Dr
Suite, Apt. #, etc.: Suite 2	Suite, Apt. #, etc.: Suite 2
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33919 Country: us	Zip: 33919 Country: US

4. FEI Number: 20-1366722 ☐ 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
COLSON, KARI C/O POI DEVELOPMENT, INC. 314 NEWPORT DRIVE #4 NAPLES, FL 34114	Name: Robert E Gelles c/o Schoo Management Street Address (P.O. Box Number is Not Acceptable): 9411 Cypress Lake Dr Suite 2 City: Fort Myers, Fl FL Zip Code: 33919

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: Robert E. Gelles Robert E. Gelles 4/25/05
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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURGESON, RICHARD 314 NEWPORT DRIVE #4 NAPLES, FL 34114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Patricia Seebeck 232 Fern Court Fox Lake, IL 60020	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COLSON, JOHN 314 NEWPORT DRIVE #4 NAPLES, FL 34114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Lena Bertrand 29376 S Seeway Court Harrison TWP, MI 48045	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD COLSON, KARI 314 NEWPORT DRIVE #4 NAPLES, FL 34114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Richard Zager 17120 Terraverde Circle #305 Fort Myers, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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: Lena Bertrand 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #