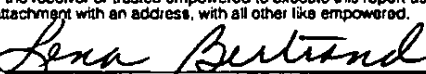


FILED
Jun 03, 2005 8:00 am
Secretary of State

05-04-2005 90128 017 ****61.25

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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DOCUMENT # N04000000513			
1. Entity Name TERRAVERDE 14 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O POI DEVELOPMENT, INC. 314 NEWPORT DRIVE #4 NAPLES, FL 34114		Mailing Address C/O POI DEVELOPMENT, INC. 314 NEWPORT DRIVE #4 NAPLES, FL 34114	
2. Principal Place of Business 9411 Cypress Lake Dr Suite, Apt. #, etc. Suite 2 City & State Fort Myers, FL Zip 33919 Country us		3. Mailing Address 9411 Cypress Lake Dr Suite, Apt. #, etc. Suite 2 City & State Fort Myers, FL Zip 33919 Country US	
4. FEI Number 20-1366722		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04062005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent COLSON, KARI C/O POI DEVELOPMENT, INC. 314 NEWPORT DRIVE #4 NAPLES, FL 34114		7. Name and Address of New Registered Agent 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 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		4/26/05 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 Terra Verde 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/27/05 DATE Daytime Phone #	