
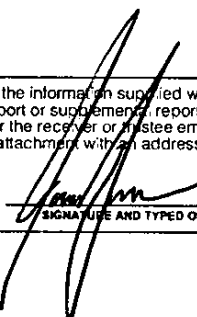


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90162 016 ****61.25

| | | | | | |
|--|---------------------------------|---|--|--|--|
| DOCUMENT # N04000000513 1. Entity Name TERRAVERDE 14 CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 9411 CYPRESS LAKE DRIVE SUITE 2 FORT MYERS, FL 33919 | | | Mailing Address 9411 CYPRESS LAKE DRIVE SUITE 2 FORT MYERS, FL 33919 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| GELLES, ROBERT E 9411 CYPRESS LAKE DRIVE SUITE 2 FORT MYERS, FL 33919 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when re-stating) <small>Signature, typed or printed name of registered agent and title (if applicable)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PD | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SEEBECK, PATRICK | | NAME | | |
| STREET ADDRESS | 232 FERN COURT | | STREET ADDRESS | | |
| CITY- ST- ZIP | FOC LAKE, IL 60020 | | CITY- ST- ZIP | | |
| TITLE | VD | | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | BERTRAND, LENA | | NAME | Richard Laboda | |
| STREET ADDRESS | 29376 S. SEEWAY COURT | | STREET ADDRESS | 17120 Terraverde Cir # 3 | |
| CITY- ST- ZIP | HARRISON TWP, MI 48045 | | CITY- ST- ZIP | Fort Myers, FL 33908 | |
| TITLE | STD | | TITLE | ST | |
| NAME | ZAGER, RICHARD | | NAME | James Johnson | |
| STREET ADDRESS | 17120 TERRAVERDE CIRCLE #305 | | STREET ADDRESS | 17120 Terraverde Cir #2 | |
| CITY- ST- ZIP | FORT MYERS, FL 33908 | | CITY- ST- ZIP | Fort Myers, FL 33908 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | 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:  | | | James Johnson 4/10/06 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Day to Phone # | | |