


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90017 006 ****61.25

| | |
|---|---|
| DOCUMENT # N08382 |  |
| 1. Entity Name TERRAVERDE COUNTRY CLUB MASTER ASSOCIATION, INC. | |

| | |
|--|--|
| Principal Place of Business 17000 TERRAVERDE CIRCLE FORT MYERS FL 33908 US | Mailing Address 17000 TERRAVERDE CIRCLE FORT MYERS FL 33908 US |
|--|--|



| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E037 (10/06)

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-3182455 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| |
|---|
| 6. Name and Address of Current Registered Agent GREGORY, MARLENE 17000 TERRAVERDE CIRCLE FORT MYERS FL 33908 |
|---|

| |
|--|
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

| | | |
|--|--|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 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 NAME STREET ADDRESS CITY ST- ZIP | PD MAYOR, REY 6075 SW 72ND ST. 4TH FLOOR MIAMI FL 33143 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST- ZIP | ST INTORCIA, JOSEPH J 17000 TERRAVERDE CIR FORT MYERS FL 33908 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST- ZIP | D COLSON, KARI 314 NEWPORT DR., UNIT 1604 NAPLES FL 34114 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST- ZIP | D GREGORY, MARLENE 17150-4 RAVENS ROOST FORT MYERS FL 33908 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST- ZIP | Director / V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST- ZIP | D DEMSKI, RICHARD 17250 EAGLE TRACE #6 FORT MYERS FL 33908 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST- ZIP | D DOROTHEA SEDLAK 17144-2 RAVENS ROOST Ft. Myers, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST- ZIP | D HORN, JOHN 17270-2 EAGLE TRACE FORT MYERS FL 33908 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: J. J. Intorcchia 4/2/07 239-437-2427

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DOCUMENT # N08382

1. Entity Name

TERRAVERDE COUNTRY CLUB MASTER ASSOCIATION, INC.



ATTACHMENT

40056095

Principal Place of Business

Mailing Address

17000 TERRAVERDE CIRCLE
FORT MYERS FL 33908
US

17000 TERRAVERDE CIRCLE
FORT MYERS FL 33908
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3182455

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

GREGORY, MARLENE
17000 TERRAVERDE CIRCLE
FORT MYERS FL 33908

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent (must be a non-profit)

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE
NAME
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CITY-ST-ZIP
PD
MAYOR, REY
6075 SW 72ND ST. 4TH FLOOR
MIAMI FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
INTORCIA, JOSEPH J
17000 TERRAVERDE CIR
FORT MYERS FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COLSON, KARI
314 NEWPORT DR., UNIT 1604
NAPLES FL 34114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GREGORY, MARLENE
17150-4 RAVENS ROOST
FORT MYERS FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEMSKI, RICHARD
17250 EAGLE TRACE #6
FORT MYERS FL 33908 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HORN, JOHN
17270-2 EAGLE TRACE
FORT MYERS FL 33908 ☐ Delete

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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director / V.P.
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DOROTHEA SEDLAK
17144-2 RAVENS ROOST
FT. MYERS, FL 33908
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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SIGNATURE:

J. J. Intorcchia

4/2/07

239-437-2422