

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08382

FILED
Apr 22, 2009
Secretary of State

Entity Name: TERRAVERDE COUNTRY CLUB MASTER ASSOCIATION, INC.

Current Principal Place of Business:

17000 TERRAVERDE CIRCLE
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

17000 TERRAVERDE CIRCLE
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 59-3182455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREGORY, MARLENE
17000 TERRAVERDE CIRCLE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAYOR, REY
Address: 6075 SW 72ND ST. 4TH FLOOR
City-St-Zip: MIAMI, FL 33143

Title: ST () Delete
Name: INTORCIA, JOSEPH J
Address: 17000 TERRAVERDE CIR
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: COLSON, KARI
Address: 314 NEWPORT DR., UNIT 1604
City-St-Zip: NAPLES, FL 34114

Title: VP () Delete
Name: GREGORY, MARLENE
Address: 17150-4 RAVENS ROOST
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: SEDLAK, DOROTHEA
Address: 17144-2 RAVENS ROOST
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: HORN, JOHN
Address: 17270-2 EAGLE TRACE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MEYERS, FRANCIS
Address: 17100-5 TERRAVERDE CIRCLE
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH J. INTORCIA

S/T

04/22/2009

Electronic Signature of Signing Officer or Director

Date