

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001631

FILED
Jan 30, 2012
Secretary of State

Entity Name: TERRAVERDE 24 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ASSOC.PROPERTY MANAG.SPECIALISTS,LLC
1642 MEDICAL LANE,SUITE B
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

C/O ASSOC.PROPERTY MANAG.SPECIALISTS,LLC
1642 MEDICAL LANE,SUITE B
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 27-2013553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINER, KEN
C/O ASSOC.PROPERTY MANAG.SPECIALISTS,LLC
1642 MEDICAL LANE,SUITE B
FORT MYERS, FL 33907 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: PVPS
Name: ST. JOHN, EARL
Address: N 16226 BIRCH STREET
City-St-Zip: SPALDING, MI 498860130

Title: TD
Name: ST. JOHN, EARL
Address: N 16226 BIRCH STREET
City-St-Zip: SPALDING, MI 498860130

Title: D
Name: ST. JOHN, NIKKI
Address: N 16226 BIRCH STREET
City-St-Zip: SPALDING, MI 498860130

Title: D
Name: ST. JOHN, TOM
Address: N 16226 BIRCH STREET
City-St-Zip: SPALDING, MI 498860130

I hereby 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 all other like empowered.

SIGNATURE: KEN WEINER

CAM

01/30/2012

Electronic Signature of Signing Officer or Director

Date