


2007 NOT-FOR-PROFIT COI REINSTATEMENT

DOCUMENT # N11570 1. Entity Name TERRA VERDE HOMEOWNERS ASSOCIATION, INC			
Principal Place of Business 3645 MUIRFIELD DR TITUSVILLE, FL 32780-3442		Mailing Address 3645 MUIRFIELD DR TITUSVILLE, FL 32780	
2. Principal Place of Business - No P.O. Box # 3635 Muirfield Dr.		3. Mailing Address 3635 Muirfield Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Titusville, FL.		City & State Titusville, FL.	
Zip 32780		Zip 32780	
Country USA		Country USA	
6. Name and Address of Current Registered Agent CAROTHERS, BETTY L 3635 MUIRFIELD DRIVE TITUSVILLE, FL 32780		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">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 <u>Betty L. Carothers</u>		TITLE <u>STD</u>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50		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 FERRITOR, BRENT 3641 MUIRFIELD DRIVE TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 50011090:105 10/17/07--01079--001 ++\$1.25 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAROTHERS, BETTY 3635 MUIRFIELD DR TITUSVILLE, FL 32780 <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	VPD BOBAY, RONALD 3639 MUIRFIELD DR TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 2em;"> REINSTATEMENT </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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 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: <u>Betty L. Carothers</u>		Date <u>10/12/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
Daytime Phone # <u>321-267-0157</u>		<small>Daytime Phone #</small>	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



[Handwritten Signature]

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TALLAHASSEE, FLORIDA
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