

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90022 013 ****61.25

DOCUMENT # N12519 1. Entity Name TERRAVERDE 1 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business CAPITAL PROPERTIES GROUP, INC. 3364 CLEVELAND AVE. FORT MYERS, FL US		Mailing Address CAPITAL PROPERTIES GROUP, INC. 3364 CLEVELAND AVE. FORT MYERS, FL US	
2. Principal Place of Business - No P.O. Box # <i>Schoo Management</i>		3. Mailing Address <i>9411-2 Cypress Lake Drive</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Myers FL		City & State Fort Myers FL	
Zip 33919		Zip 33919	
Country USA		Country USA	
6. Name and Address of Current Registered Agent RAGER, KENNETH D CAPITAL PROPERTIES GROUP, INC. 3364 CLEVELAND AVE. FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name <i>PATRICIA SCHOO</i> Street Address (P.O. Box Number is Not Acceptable) <i>Schoo Management</i> <i>9411-2 Cypress Lake Drive</i> City <i>Fort Myers</i> FL Zip Code <i>33919</i>	
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 <i>Patricia Schoo, CAM</i> DATE <i>4/21/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	VD GRUNEWALD, HOWARD 17280 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMELTER, DON 17280 EAGLE TRACE FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Donald R Smith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17280 Eagle Trace #2 Fort Myers FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAVEN, ROBERT 17280 EAGLE TRACE FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy/Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JACK Worland 17280 Eagle Trace #11 Fort Myers FL 33908
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
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 <i>Donald R Smith</i> DATE <i>4/24/08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			