

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12520

FILED
Apr 22, 2009
Secretary of State

Entity Name: TERRAVERDE 3 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3364 CLEVELAND AVE
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

3364 CLEVELAND AVE
12650 WHITEHALL DR
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 65-0018574 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RAGER, KENNETH D
3364 CLEVELAND AVE
FORT MYERS, FL 33901 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: VP () Delete
Name: KIECERA, CHERISE
Address: 17260 EAGLE TRACE #6
City-St-Zip: FT. MYERS, FL 33908

Title: PD () Delete
Name: GRUMNEY, BRUCE
Address: 17260 EAGLE TRACE #8
City-St-Zip: FORT MYERS, FL 33908

Title: T () Delete
Name: SCHAUB, SALLY
Address: 17260 EAGLE TRACE #9
City-St-Zip: FORT MYERS, FL 33908

Title: S () Delete
Name: CANNON, TRACY
Address: 17260 EAGLE TRACE #7
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: RUSSELL, SIDNEY
Address: 17260 EAGLE TRACE #10
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: KNOLL, DWIGHT
Address: 17260 EAGLE TRACE #2
City-St-Zip: FORT MYERS, FL 33908

Title: S/T (X) Change () Addition
Name: SCHAUB, SALLY
Address: 17260 EAGLE TRACE #9
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Change () Addition
Name: CANNON, TRACY
Address: 17260 EAGLE TRACE #7
City-St-Zip: FORT MYERS, FL 33908

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: DWIGHT KNOLL

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date