

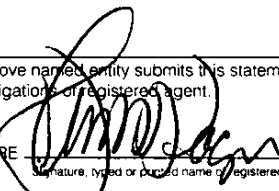
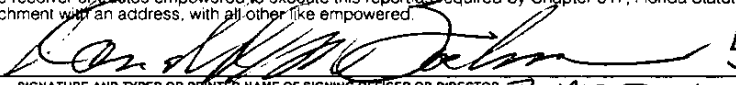


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90043 005 ****61.25

DOCUMENT # N14606 1. Entity Name TERRAVERDE 5 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9411 CYPRESS LAKE DRIVE SUITE #2 FT. MYERS, FL 33919 US			Mailing Address 9411 CYPRESS LAKE DRIVE SUITE #2 FT. MYERS, FL 33919 US		
2. Principal Place of Business - No P.O. Box # 3364 CLEVELAND AVE. Suite, Apt. #, etc.		3. Mailing Address 90 CAPITAL PROPERTIES GROUP 3364 CLEVELAND AVE. Suite, Apt. #, etc.			
City & State FORT MYERS, FL		City & State FORT MYERS, FL		4. FEI Number 65-0018569	
Zip 33901		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GELLES, ROBERT E C/O SCHOO MANAGEMENT INC 9411 CYPRESS LAKE DRIVE SUITE 2 FT. MYERS, FL 33919				7. Name and Address of New Registered Agent Name RAGER, KENNETH D. Street Address (P.O. Box Number is Not Acceptable) 90 CAPITAL PROPERTIES GROUP, 3364 CLEVELAND AVE. City FORT MYERS FL Zip Code 33901	
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  (KENNETH D. RAGER) <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, 2007		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 P NAME IACOVIELLO, MICHAEL STREET ADDRESS 17220 TERRAVERDE CIR 12 CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE VP NAME NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME JOHNSON, JERRY STREET ADDRESS 17230 TERRAVERDE CIR 104 CITY-ST-ZIP FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE DIRECTOR NAME STAAL, ALLEN STREET ADDRESS 17210-7 TERRAVERDE CIRCLE CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME IACOVIELLO, MICHAEL STREET ADDRESS 17220 TERRAVERDE CIRCLE # 12 CITY-ST-ZIP FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME BOEHM, RONALD STREET ADDRESS 17220 TERRAVERDE CIRCLE # 4 CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GERUM, EVELYN STREET ADDRESS 17230 TERRAVERDE CIR 101 CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME TYNSKI, JUDI STREET ADDRESS 17230 TERREVERDE CIR 206 CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE PRESIDENT NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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:  RONALD BOEHM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 4/2/07 Daytime Phone # (239) 481-1414					