

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90031 026 ****61.25

DOCUMENT # N14606							
1. Entity Name TERRAVERDE 5 CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 3364 CLEVELAND AVE FORT MYERS, FL 33901 US			Mailing Address C/O CAPITAL PROPERTIES GROUP 3364 CLEVELAND AVE FORT MYERS, FL 33901 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		01042008 Chg-NP CR2E037 (12/06)			
Zip		Country		4. FEI Number 65-0018569			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
RAGER, KENNETH D C/O CAPITAL PROPERTIES GROUP 3364 CLEVELAND AVE FORT MYERS, FL 33901			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ DATE _____ <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	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	IACOVIELLO, MICHAEL		NAME				
STREET ADDRESS	17220 TERRAVERDE CIR 12		STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	STAAL, ALLEN		NAME				
STREET ADDRESS	17210-7 TERRAVERDE CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BOEHM, RONALD		NAME				
STREET ADDRESS	17220 TERRAVERDE CIRCLE # 4		STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GERUM, EVELYN		NAME				
STREET ADDRESS	17230 TERRAVERDE CIR 101		STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TYNSKI, JUDI		NAME				
STREET ADDRESS	17230 TERREVERDE CIR 206		STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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>Judi Tynski (JUDY TYNSKI)</i>		Date: 2/11/08		Daytime Phone #: (239) 481-1414			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

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