FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18578 (7)

1. Corporation Name

TERRAVERDE VILLAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% DARYL DAVIS, TREASURER 17010 TERRAVERDE CIR FT MYERS FL 33908 US	% DARYL DAVIS, TREASURER 17010 TERRAVERDE CIR FT MYERS FL 33908 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1986
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0261984 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

MOTYKA, EDWARD J
17045 TERRAVERDE CIR
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name: MARIE T. CONNOLLY
82 Street Address (P.O. Box Number is Not Acceptable):
83: 17023 TERRAVERDE CIRCLE
84 City: FT. MYERS FL 85 Zip Code: 33908

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Marie T. Connolly — 4/6/95
(Signature, typed or printed name of registered agent, and title if applicable) (If Registered Agent signature not required when mailed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	CONNOLLY, MARIE T.	12 NAME		
STREET ADDRESS	17023 TERRAVERDE CIRCLE	13 STREET ADDRESS		
CITY ST ZIP	FT. MYERS FL	14 CITY ST ZIP	RESIGNED	
TITLE	VD	21 TITLE	PD	☒ Change ☐ Addition
NAME	TERZAGIAN, ROBIN	22 NAME	TERZAGIAN, ROBIN	
STREET ADDRESS	170144 TERRAVERDE CIR	23 STREET ADDRESS	17014 TERRAVERDE CIRCLE	
CITY ST ZIP	FT MYERS FL	24 CITY ST ZIP	FT MYERS FL 33908	
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	DAVIS, DARYL	32 NAME		
STREET ADDRESS	17010 TERRAVERDE CIR	33 STREET ADDRESS		
CITY ST ZIP	FT MYERS FL	34 CITY ST ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	REDHEAD, MARLENE	42 NAME		
STREET ADDRESS	17030 TERRAVERDE CIR	43 STREET ADDRESS		
CITY ST ZIP	FT MYERS FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	MOTYKA, EDWARD J	52 NAME		
STREET ADDRESS	17045 TERRAVERDE, CIR	53 STREET ADDRESS		
CITY ST ZIP	FT MYERS FL	54 CITY ST ZIP	RESIGNED	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	DAVIS, THEA	62 NAME		
STREET ADDRESS	17035 TERRAVERDE CIR	63 STREET ADDRESS		
CITY ST ZIP	FT MYERS FL	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daryl Davis — DARYL DAVIS — 4/26/95 — 813-481-4746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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