

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
12/31/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **9411 Cypress Lake Drive**

26 **9411 Cypress Lake Drive**

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24 Zip
33919

25 Country
USA

29 Zip
33919

30 Country
USA

9. Name and Address of Current Registered Agent

CONNOLLY, MARIE T
17023 TERRAVERDE CIRCLE
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name
W. W. Schoo Management, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
9411 Cypress Lake Drive

83
Suite #2

84 City
Fort Myers

85 Zip Code
FL 33919

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

William W. Schoo
William W. Schoo

4-12-96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **TERZAGIAN, ROBIN**
STREET ADDRESS **170144 TERRAVERDE CIR**
CITY-ST-ZIP **FT MYERS FL**

TITLE **TD** ☐ DELETE
NAME **DAVIS, DARYL**
STREET ADDRESS **17010 TERRAVERDE CIR**
CITY-ST-ZIP **FT MYERS FL**

TITLE **SD** ☐ DELETE
NAME **REDHEAD, MARLENE**
STREET ADDRESS **17030 TERRAVERDE CIR**
CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☐ DELETE
NAME **DAVIS, THEA**
STREET ADDRESS **17035 TERRAVERDE CIR**
CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PD** ☒ Change ☐ Addition
12 NAME **CONNOLLY, MARIE T.**
13 STREET ADDRESS **17023 TERRAVERDE CIRCLE**
14 CITY-ST-ZIP **FT. MYERS, FL 33908**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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: *Marie T. Connolly* / **MARIE T. CONNOLLY** **4/11/96** (941) 482-0443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)