


FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N18578 (7)</b> 1. Corporation Name <b>TERRAVERDE VILLAS ASSOCIATION, INC.</b>			



Principal Place of Business <b>9411 CYPRESS LAKE DRIVE SUITE 2 FORT MYERS FL 33919 US</b>		Mailing Address <b>9411 CYPRESS LAKE DRIVE SUITE 2 FORT MYERS FL 33919 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
25		30	

3. Date Incorporated or Qualified <b>12/31/1986</b>	
4. FEI Number <b>65-0261984</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>W.W. SCHOO MANAGEMENT INC 9411 CYPRESS LAKE DRIVE SUITE 2 FT MYERS FL 33919</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNOLLY, MARIE T.			1.2 NAME			
STREET ADDRESS	170223 TERRAVERDE CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, DARYL			2.2 NAME			
STREET ADDRESS	17010 TERRAVERDE CIR			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			2.4 CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TERZAGIAN, ROBIN			3.2 NAME			
STREET ADDRESS	17014 TERRAVERDE CIR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, THEA			4.2 NAME			
STREET ADDRESS	17035 TERRAVERDE CIR			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			4.4 CITY-ST-ZIP			
TITLE	O	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAN PELT, JAMES			5.2 NAME			
STREET ADDRESS	17306 TERRAVERDE CIR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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: *Marie T. Connolly* 941-461-4700

CR2E037 (1097)