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May 24, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N18578* ✓

1. Corporation Name
TERRAVERDE VILLAS

Principal Place of Business
**17010 Terra Verde Cir.
Ft. Myers, FL 33908**

Mailing Address
**c/o Coral Realty of Lee, Inc
826 SE 46th Lane
Cape Coral, Florida 33904**

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

City & State

27

City & State

105-0261984 ✓

Not Applicable

23

Zip Country

28

Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24

25

29

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FITZGEORGE, ELAINE D.
c/o Coral Realty of Lee, Inc.
826 SE 46th Lane
Cape Coral, Florida 33904**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.050 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

Elaine D. Fitzgerald
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DAVIS, DARYL**
STREET ADDRESS **17010 Terra Verde Cir.**
CITY-ST-ZIP **Ft. Myers, FL 33908**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D-VICE PRES.
TERZAGIAN, ROBIN**
STREET ADDRESS **17014 Terra Verde Cir.**
CITY-ST-ZIP **Ft. Myers, FL 33908**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D-SECRETARY
DAVIS, THEA**
STREET ADDRESS **17035 Terra Verde Cir.**
CITY-ST-ZIP **Ft. Myers, FL 33908**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D-TREAS.
CONNOLLY, MARIE**
STREET ADDRESS **17023 Terra Verde Cir.**
CITY-ST-ZIP **Ft. Myers, FL 33908**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Marie T. Connolly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99
Date

Daytime Phone #

CR2E037 (11/98)