2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18578

1. Entity Name								
TERRAVERDE	VILLAS ASSOCIAT	ION, INC.	÷					
Principal Place of Bus	iness	Mailing Address	:					
17023 TERRAVERDE CI FORT MYERS FL 33908 US		17023 TERRAVERDE CIRCLI 826 SE ≪SEN LAME FORT MYERS FL 33908 US	E #					
2. Principal Place of Business		3. Mailing Address 17023 TERRAVERDE CIRCLE						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Ì					
City & State		City & State FORT MYERS	FL					
Zip	Country	Zip	Country					

FILED May 14, 2002 8:00 am Secretary of State 05-14-2002 90322 010 ****61.25

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Principal Plac	ce of Business	Mailing Address		-								
17023 TERRAVERDE CIRCLE FORT MYERS FL 33908		17023 TERRAVERDE CIRCLE				บบ	TAAT	ź.j				
us ; .		FORT MYERS FL 33908 US		:		(48)(18) 88)	(1881 1818) A(1)(1882)	1811 B1811 B1811	EURIC AND AN	, , Ni 410 11 (881		
		T = 1.7.07 *		·-								
2. Principal F	Place of Business	3. Mailing Address	- 0 5 =	0.4.4	_			IAN BIRN ANAN				
Suite, Apt. #, etc.		17023 TERRAVER DE CIRCLE Suite, Apt. #, etc.		<u>. E </u>		DO NOT WRIT	E IN THIS S	DACE				
ouito, ripi.	<i>a</i> , o.c.	Gano, ript. #; cto.		4			BO NOT WHIT	E M ILIO O	IACL			
City & State		City & State FORT MYERS, FL		. !	4.	FEI Number	Number 65-0261984			Applied For Not Applicable		
Zip	Country	Zip		untry	5.	Certificate of	Status Desired		8.75 Ad			
	S. Name and Address of Comment	33908	υS)				_	ee Require	ed	-	
	6. Name and Address of Current	Hegisterea Agent		Name		Name and Ad	dress of New R	egistered A	gent		┪	
	•			1								
	Y, MARIE T			Street A	Address (P.O.	Box Number is	s Not Acceptable)				
	RRAVERDE CIRCLE										1	
FORT MY	ERS FL 38908			City					Zip Cod		-	
-				City;				FL	210 000	ie		
8. The above	named entity submits this statement fo	r the purpose of changing its	register	ed office o	or registered a	gent, or both, i	in the state of Flo	rida.			1	
				7								
				4								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signat	iture required when	reinstating)		DATE				
							· · · · · · · · · · · · · · · · · · ·			 	-	
		9. Election Can	npaign F	inancing	\$5	.00 May Be	Ma	ke Check	Pavable	to	1	
1	FILE NOW: FEE IS \$61.25	Trust Fund C		_		ded to Fees		epartmen				
				-							_	
10.	OFFICERS AND DIF		11.		ADD	ITIONS/CHAN	GES TO OFFICER	RS AND DIR	_		┤二	
TITLE	DAVIS, DARYL K	☐ Delete	TITL	,					☐ Change	☐ Addition	CR2E037 (9/01)	
NAME STREET ADDRESS	17010 TERRAVERDE CIR		NAM	ET ADDRÉSS							37 (
CITY-ST-ZIP	FORT MYERS FL 33908			-ST-ZIP							l Si	
TITLE	VD	Delete	TITL		VD				Change	Addition	싞똤	
NAME	TERZACIAN, ROBIN	Delete	NAM			NNIAK,	RUTH		☐ onlinge	₩ Acaidon		
STREET ADDRESS	17014 TERRAVERDE CIR		STRE	ET ADDRESS			RUTH VERBE CH					
CITY-ST-ZIP	FORT MYERS FL 33908	_	CITY	-ST-ZIP	FT. n	MYERS,	FL 3390	8			-	
TITLE	D	Delete	TITL	: :			·		Change	Addition	}	
NAME	DAVIS, THEA		NAM									
STREET ADDRESS	17035 TERRAVERDE CIR		1	ET ADDRESS				!				
CITY-ST-ZIP	FORT MYERS FL 33908		-	-ST-ZIP							4	
TITLE	STD DIMON, SHEILA	☐ Delete	TITL		50				▼ Change	Addition		
NAME STREET ADDRESS	17031 TERRAVERDE CIRCLE		NAM	ET ADDRESS							-	
CITY-ST-ZIP	FORT MYERS FL 33908			-ST-ZIP 1								
TITLE	TD	☐ Delete	TITLI						☑ Change	☐ Addition	1	
NAME	PRUTZMANE, NORMAN	□ Detete	NAM		PRUTZ	MAN			E onango			
STREET ADDRESS	17049 TERRAVERDE CIR		STRE	ET ADDRESS								
CITY-ST-ZIP	FORT MYERS FL 33908		CITY	-ST-ZIP			r* ,		<u> </u>		1	
TITLE	D	Delete	TIŤLI		-	·		<u>مو در حال مح</u>	Change -	- Addition	=	
NAME	LANDIS, KATHERINE		NAM				•		- 5			
STREET ADDRESS	17034 TERRAVERDE CIR			ET ADDRESS			$T = T^{-1}$					
CITY-ST-ZIP	FORT MYERS FL 33908			-ST-ZIP							1	
12 Lharaby	certify that the information supplied with	this filing does not qualify for	the exe	mption stat	ited in Section	า 119.07(3)(i). F	Iorida Statutes. I	turther certi	tv that the i	ntormation	1	

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.