

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18578

FILED
May 16, 2004
Secretary of State

Entity Name: TERRAVERDE VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

17023 TERRAVERDE CIRCLE
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

17023 TERRAVERDE CIRCLE
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 65-0261984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNOLLY, MARIE T
17023 TERRAVERDE CIRCLE
FORT MYERS, FL 33908

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, DARYL K
Address: 17010 TERRAVERDE CIR
City-St-Zip: FORT MYERS, FL 33908

Title: VD () Delete
Name: PLEWNIK, RUTH
Address: 17026 TERRA VERDE CIR
City-St-Zip: FORT MYERS, FL 33908

Title: SD () Delete
Name: DIMON, SHEILA
Address: 17031 TERRAVERDE CIRCLE
City-St-Zip: FORT MYERS, FL 33908

Title: TD () Delete
Name: PRUTZMAN, NORMAN
Address: 17049 TERRAVERDE CIR
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: TALERICO, NOLE
Address: 777 ELIZABETH ST
City-St-Zip: UTICA, NY 13501

Title: D () Delete
Name: ST JOHN-BOYD, MARCY
Address: 5848 MEADOWS EDGE CLOSE
City-St-Zip: LOVES PARK, IL 61111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DIMON, SHEILA
Address: 17031 TERRAVERDE CIRCLE
City-St-Zip: FORT MYERS, FL 33908

Title: TD (X) Change () Addition
Name: TALERICO, NOLE
Address: 17014 TERRAVERDE CIR
City-St-Zip: FORT MYERS, FL 33908

Title: SD (X) Change () Addition
Name: STULAK, JILL
Address: 16520 TAMiami TRAIL #18-283
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARYL K. DAVIS

PD

05/16/2004

Electronic Signature of Signing Officer or Director

Date