

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18578

FILED  
May 04, 2006  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**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 US

Title: VD ( ) Delete  
Name: TALERICO, NOLE  
Address: 17014 TERRAVERDE CIR  
City-St-Zip: FORT MYERS, FL 33908 US

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

Title: TD ( ) Delete  
Name: ANDERSON, BRUCE  
Address: 17027 TERRAVERDE CIR  
City-St-Zip: FORT MYERS, FL 33908 US

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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 Chapter 119, 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

05/04/2006

Electronic Signature of Signing Officer or Director

Date