2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18578

FILED Apr 20, 2007 Secretary of State

Entity Name: TERRAVERDE VILLAS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 17023 TERRAVERDE CIRCLE FORT MYERS, FL 33908 **Current Mailing Address: New Mailing Address:** 17023 TERRAVERDE CIRCLE FORT MYERS, FL 33908 FEI Number: 65-0261984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONNOLLY, MARIE T 17023 TERRAVERDE CIRCLE FORT MYERS, FL 33908 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DAVIS, DARYL K Name: Name: 17010 TERRAVERDE CIR Address: Address: City-St-Zip: FORT MYERS, FL 33908 US City-St-Zip: Title: VD () Delete Title: (X) Change () Addition TALERICO, NOLE Name: ANDERSON, BRUCE Name: Address: 17014 TERRAVERDE CIR Address: 17027 TERRAVERDE CIR City-St-Zip: FORT MYERS, FL 33908 US City-St-Zip: FORT MYERS, FL 33908 US Title: () Delete Title: (X) Change () Addition DIMON, SHEILA CRANE, AARON Name: Name: 17031 TERRAVERDE CIRCLE 17041 TERRAVERDE CIRCLE Address: Address: City-St-Zip: FORT MYERS, FL 33908 US City-St-Zip: FORT MYERS, FL 33908 US Title: TD () Delete Title: SD (X) Change () Addition STULAK, JILL Name: ANDERSON, BRUCE Name: 16520 TAMIAMI TRAIL #18-283 Address: 17027 TERRAVERDE CIR Address: City-St-Zip: FORT MYERS, FL 33908 US City-St-Zip: FORT MYERS, FL 33908 US Title: () Delete Title: (X) Change () Addition STULAK, JILL ST JOHN-BOYD, MARCY Name: Name: 16520 TAMIAMI TRAIL #18-283 5848 MEADOWS EDGE CLOSE Address: Address: City-St-Zip: FORT MYERS, FL 33908 US City-St-Zip: LOVES PARK, IL 61111 US Title: () Delete Title: (X) Change () Addition ST JOHN-BOYD, MARCY LYNCH, JAMES Name: Name: Address: 5848 MEADOWS EDGE CLOSE Address: 1490 HEATHER COURT LOVES PARK, IL 61111 US City-St-Zip: **DAVIS, IL 61019 US** 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 04/20/2007