

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18578

FILED
Mar 27, 2009
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:

17041 TERRAVERDE CIRCLE
FORT MYERS, FL 33908 US

Current Mailing Address:

17023 TERRAVERDE CIRCLE
FORT MYERS, FL 33908 US

New Mailing Address:

17041 TERRAVERDE CIRCLE
FORT MYERS, FL 33908 US

FEI Number: 65-0261984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRANE, AARON
17041 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: ANDERSON, BRUCE
Address: 17027 TERRAVERDE CIR
City-St-Zip: FORT MYERS, FL 33908 US

Title: TD () Delete
Name: CRANE, AARON
Address: 17041 TERRAVERDE CIRCLE
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

Title: D () Delete
Name: LYNCH, JAMES
Address: 1490 HEATHER COURT
City-St-Zip: DAVIS, IL 61019 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:

I hereby certify that the information supplied with this filing does not qualify 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: BRUCE J. ANDERSON

VD

03/27/2009

Electronic Signature of Signing Officer or Director

Date