

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N18578

FILED  
May 13, 2003  
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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D ( ) Change (X) Addition  
Name: TALERICO, NOLE  
Address: 777 ELIZABETH ST  
City-St-Zip: UTICA, NY 13501

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

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

05/13/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date