2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90074 035 ****61.25

DOCUMENT # N28165

1. Entity Name
TERRAVERDE 4 CONDOMINIUM ASSOCIATION, INC.

50015166

Principal Place of Business	Mailing Address
CAPITAL PROPERTIES GROUP, INC 3364 CLEVELAND AVE FORT MYERS, FL 33901 US	CAPITAL PROPERTIES GROUP, INC 3364 CLEVELAND AVE FORT MYERS, FL 33901 US

01042005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0018570
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAGER, KENNETH
CAPITAL PROPERTIES GROUP, INC
3364 CLEVELAND AVE
FORT MYERS, FL 33901

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	FORBES, DAVID
STREET ADDRESS	17250 EAGLE TRACE # 10
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	STD
NAME	VANDERMADE, BARBARA
STREET ADDRESS	17250-5 EAGLE TRACE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	PD
NAME	DEMSKI, RICHARD
STREET ADDRESS	17250 EAGLE TRACE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	DIRECTOR
NAME	AMY CASTERIOTO
STREET ADDRESS	17250-11 EAGLE TRACE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	DIRECTOR
NAME	JOE DEVECCHIO
STREET ADDRESS	17250-12 EAGLE TRACE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard J Demski 1/31/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #