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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30356 (2)

1. Corporation Name

TERRAVERDE 7 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 883
ESTERO FL 33928-0883

Mailing Address

P.O. BOX 883
ESTERO FL 33928-0883



3. Date Incorporated or Qualified
01/26/1989

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, ELINOR G
17160 9 HAWKS NEST
FT MYERS FL 33908

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PD
MITCHELL, ELINOR
17160-9 HAWKS NEST
FT MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
SD
MUELLER, JOHN
17160-7 HAWKS NEST
FT MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
TD
DOPPE, JOSEPH
17160-1 HAWKS NEST
FT MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DV
MALLOY, PATRICIA
17160-4 HAWKS W.
FT MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
SCHMIDT, BETTY A
17140 CORAL CAY LN.
FORT MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elinor G. Mitchell Elinor G. Mitchell 3-11-96 941-481-6954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)