


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90440 019 \*\*\*\*61.25

<b>DOCUMENT # N30369</b>		
1. Entity Name TERRAVERDE 6 CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 15660 SAN CARLOS BLVD 40 FT MYERS, FL 33908 US	Mailing Address 15660 SAN CARLOS BLVD 40 FT MYERS, FL 33908 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0097100	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
SAPP, PAUL L C/O P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD, #40 FORT MYERS, FL 33908	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	MORAUSKI, GERALD
STREET ADDRESS	15660 SAN CARLOS BLVD #40
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	V <input type="checkbox"/> Delete
NAME	YEE, HARRY
STREET ADDRESS	15660 SAN CARLOS BLVD #40
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	T <input type="checkbox"/> Delete
NAME	BECKMAN, BILL
STREET ADDRESS	15660 SAN CARLOS BLVD #40
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	S <input type="checkbox"/> Delete
NAME	SAPP, PAUL L
STREET ADDRESS	15660 SAN CARLOS BLVD #40
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Paul L Sapp 4/26/06 237 481-1577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #