## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # N30369

1. Entity Name

TERRAVERDE 6 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

P&M PROPERTY MANAGEMENT 14360 S. TAMIAMI TRAIL, #B FT MYERS, FL 33908 US

Mailing Address

**P&M PROPERTY MANAGEMENT** 14360 S. TAMIAMI TRAIL, #B FT MYERS, FL 33908 US

## **FILED** Jan 31, 2008 8:00 am **Secretary of State**

01-31-2008 90014 032 \*\*\*\*61.25



01172008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0097100 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6.	Name	and	Address	of	Current	Reg	istered	Agent

SAPP, PAUL L C/O P & M PROPERTY MANAGEMENT 14360 S. TAMIAMI TRAIL, #B FORT MYERS, FL 33912

DO	NOT	WRITE
IN	THIS	<b>SPACE</b>

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.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS		• • • • • • • • • • • • • • • • • • • •				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORAUSKI, GERALD 14360 S. TAMIAMI TRAIL, #B FORT MYERS, FL 33912							
TITLE NAME STREET ADDRESS CMY-ST-ZIP	14360 S. TAMIAMI TRAIL, #B FORT MYERS, FL 33912							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14360 S. TAMAMI TRAIL, #B FORT MYERS, FL 33912		<del>-</del>		NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIVELEY, RANDALL 14360 S. TAMIAMI TRAIL, #B FORT MYERS, FL 33912	160 S. TAMIAMI TRAIL, #B						
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE 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 apport 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.								