2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32933

FILED Mar 18, 2009 Secretary of State

Entity Name: TERRAVERDE 8 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

9411 CYPRESS LAKE DRIVE SUITE 2

FT. MYERS, FL 33919

New Mailing Address: Current Mailing Address:

9411 CYPRESS LAKE DRIVE SUITE 2 FT. MYERS, FL 33919 US

FEI Number: 65-0218435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GELLES, ROBERT E C/O SCHOO MANAGEMENT, INC 9411 CYPRESS LAKE DRIVE STE 2

FT. MYERS, FL 33919 US

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: PATRICIA SCHOO 03/18/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete DRAGOMER, JOHN Name: 17156 3 RAVENS ROOST Address:

City-St-Zip: FT. MYERS, FL 33908

Title: PD () Delete Name: HAWKINS, RON

Address: 17156 11 RAVENS ROOST City-St-Zip: FT. MYERS, FL 33908

Title: () Delete WRIGHT, JOYCE Name:

17156 RAVENS ROOST #1 Address: City-St-Zip: FORT MYERS, FL 33908

(X) Change () Addition

HAWKINS, RON Name:

SCHOO, PATRICIA CAM

FT. MYERS, FL 33919 US

C/O SCHOO MANAGEMENT. INC

9411 CYPRESS LAKE DRIVE STE 2

Address: 17156 RAVENS ROOST #11 City-St-Zip: FT. MYERS, FL 33908

Title: (X) Change () Addition

Name: DRAGOMER, JOHN Address: 17156 RAVENS ROOST #3 City-St-Zip: FT. MYERS, FL 33908

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA SCHOO CAM 03/18/2009