

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90043 004 \*\*\*\*70.00

<b>DOCUMENT # N51042</b> 1. Entity Name <b>TIERRA VERDE LANDMARK HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>937 LANDMARK CIRCLE</b> <b>TIERRA VERDE, FL 33715 US</b>		Mailing Address <b>937 LANDMARK CIRCLE</b> <b>TIERRA VERDE, FL 33715 US</b>	
2. Principal Place of Business <b>943 LANDMARK CIR</b> Suite, Apt. #, etc.		3. Mailing Address <b>943 LANDMARK CIR</b> Suite, Apt. #, etc.	
City & State <b>ST. PETERSBURG</b> Zip <b>33715</b> Country		City & State <b>ST. PETERSBURG</b> Zip <b>33715</b> Country	
4. FEI Number <b>59-3746942</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>STOOP, GERALD</b> <b>GERARD</b> <b>943 LAHAMARK CIRCLE</b> <b>TIERRA VERDE, FL 33715</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD</b> NAME <b>STOOP, GERALD</b> <b>GERARD</b> STREET ADDRESS <b>943 LANDMARK CIRCLE</b> CITY-ST-ZIP <b>TIERRA VERDE, FL 33715</b>	<input type="checkbox"/> Delete	TITLE <b>STOOP, GERALD</b> NAME <b>943 Landmark Circle</b> STREET ADDRESS <b>Tierra Verde, FL 33715</b> CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b> NAME <b>RILEY, MIKE</b> STREET ADDRESS <b>915 LANDMARK CIRCLE</b> CITY-ST-ZIP <b>TIERRA VERDE, FL 33715</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>ST</b> NAME <b>RIDEOUT, PHYLLIS</b> STREET ADDRESS <b>960 LANDMARK CIRCLE</b> CITY-ST-ZIP <b>TIERRA VERDE, FL 33715</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>02-07-2005</b> <b>865 7598</b> <small>Date Daytime Phone</small>	