2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2011
Secretary of State

DOCUMENT# N97000006068

Entity Name: TERRA VERDE AT GREY OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% GULF BREEZE MGMT SVCS. OF SW FL, LLC
8910 TERRENE CT., STE. 200
BONITA SPRINGS, FL 34135

New Principal Place of Business:

% GULF BREEZE MGMT SVCS., LLC
8910 TERRENE CT., STE. 200
BONITA SPRINGS, FL 34135

Current Mailing Address:

% GULF BREEZE MGMT SVCS. OF SW FL, LLC
8910 TERRENE CT., STE. 200
BONITA SPRINGS, FL 34135

New Mailing Address:

% GULF BREEZE MGMT SVCS., LLC
8910 TERRENE CT., STE. 200
BONITA SPRINGS, FL 34135

FEI Number: 59-3495436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEIDNER, RALPH L
% GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE CT., STE. 200
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

WEIDNER, RALPH L
% GULF BREEZE MGMT. SVCS., LLC
8910 TERRENE CT., STE. 200
BONITA SPRINGS, FL 34135 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: _____ 04/22/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: FARRELL, GARY
Address: 2438 TERRA VERDE LANE
City-St-Zip: NAPLES, FL 34105

Title: SD
Name: SUGRUE, MICHAEL
Address: 2374 TERRA VERDE LANE
City-St-Zip: NAPLES, FL 34105

Title: 2VD
Name: CURK, LAWRENCE
Address: 2366 TERRA VERDE LANE
City-St-Zip: NAPLES, FL 34105

Title: 1VD
Name: HARRISON, DIANA
Address: 2394 TERRA VERDE LANE
City-St-Zip: NAPLES, FL 34105

Title: TD
Name: VOR BROKER, ROBERT
Address: 2382 TERRA VERDE LANE
City-St-Zip: NAPLES, FL 34105

I hereby 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 all other like empowered.

SIGNATURE: GARY FARRELL PRES 04/22/2011
Electronic Signature of Signing Officer or Director — Date