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Secretary of State
03-14-2005 90098 020 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000002525

1. Entity Name
TERRAVERDE 9 CONDOMINIUM ASSOCIATION, INC.

50025431

Principal Place of Business	Mailing Address
780 NW LE JEUNE RD #616 MIAMI, FL 33126	780 NW LE JEUNE RD #616 MIAMI, FL 33126

01072005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-1014944
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAYOR, REYNALDO
780 NW LE JEUNE RD
#616
MIAMI, FL 33126

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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)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAYOR, REYNALDO F
STREET ADDRESS	780 NW LE JEUNE RD #616
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	RIVERA, OSCAR R
STREET ADDRESS	780 NW LE JEUNE RD #616
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	SD
NAME	MAYOR-GUEVARA, MELISSA
STREET ADDRESS	780 NW LE JEUNE RD #616
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: M Mayor-Guevara 3/3/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #