


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90470 020 ****61.25

DOCUMENT # N99000002525 1. Entity Name TERRAVERDE 9 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 780 NW LE JEUNE RD #616 MIAMI, FL 33126			Mailing Address 780 NW LE JEUNE RD #616 MIAMI, FL 33126		
2. Principal Place of Business 15660 San Carlos Blvd			3. Mailing Address 15660 San Carlos Blvd.		
Suite, Apt. #, etc. #40			Suite, Apt. #, etc. #40		
City & State Fort Myers, FL			City & State Fort Myers, FL.		
Zip 33908		Country U.S.		Zip 33908	
Country U.S.		4. FEI Number 65-1014944			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MAYOR, REYNALDO 780 NW LE JEUNE RD #616 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name SAPP, Paul L. Street Address (P.O. Box Number is Not Acceptable) C/O P3M Property Management 15660 San Carlos Blvd. #40 City Fort Myers FL Zip Code 33908		
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 <i>Paul L Sapp</i> (NOTE: Registered Agent signature required when reinstating) DATE 4/26/06					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYOR, REYNALDO F 780 NW LE JEUNE RD #616 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marlene Gregory 15660 San Carlos Blvd. #40 Fort Myers, FL. 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, OSCAR R 780 NW LE JEUNE RD #616 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/VP Dennis Curless 15660 San Carlos, Blvd. #40 Fort Myers, FL. 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAYOR-GUEVARA, MELISSA 780 NW LE JEUNE RD #616 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Paul SAPP 15660 San Carlos Blvd. #40 Fort Myers, FL. 33908	<input type="checkbox"/> Change <input checked="" 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
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 exemptions contained 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 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 <i>Paul L Sapp</i> DATE 4/26/06 DAYTIME PHONE # 239 981-1527					