

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90087 036 ****61.25

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01122007 Chg-NP CR2E037 (12/06)

DOCUMENT # N99000002525 1. Entity Name TERRAVERDE 9 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 15660 SAN CARLOS BLVD SUITE 40 FORT MYERS, FL 33908			Mailing Address 15660 SAN CARLOS BLVD SUITE 40 FORT MYERS, FL 33908		
2. Principal Place of Business - No P.O. Box # P+m Property Management Suite, Apt. #, etc. 14360 S. Tamiami Trail, #B City & State Fort Myers, FL Zip 33912		3. Mailing Address P+m Property Management Suite, Apt. #, etc. 14360 S. Tamiami Trail, #B City & State Fort Myers, FL Zip 33912		4. FEI Number 65-1014944	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent SAPP, PAUL L C/O P&M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD SUITE 40 FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name Paul Sapp Street Address (P.O. Box Number is Not Acceptable) P+m Property Management 14360 S. Tamiami Trail, #B City Fort Myers FL Zip Code 33912		
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 <u><i>Paul L Sapp</i></u> 4-11-07 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 GREGORY, MARLENE 15660 SAN CARLOS BLVD SUITE 40 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 14360 S. Tamiami Trail, #B Fort Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP CURLISS, DENNIS 15660 SAN CARLOS BLVD SUITE 40 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP David Hoffman 14360 S. Tamiami Trail, #B Fort Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAPP, PAUL 15660 SAN CARLOS BLVD SUITE 40 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Dennis Curliss 14360 S. Tamiami Trail, #B Fort Myers, FL 33912	<input checked="" 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	A.S. Randall Dineley 14360 S. Tamiami Trail unit B Fort Myers FL 33912	<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
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: <u><i>Paul L Sapp</i></u> 4-10-07 (289) 481-1577 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #</small>					