


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90014 033 \*\*\*\*61.25

<b>DOCUMENT # N99000002525</b>	
1. Entity Name <b>TERRAVERDE 9 CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>P&amp;M PROPERTY MANAGEMENT 14360 S. TAMiami TRAIL UNIT B FORT MYERS, FL 33912 US</b>	Mailing Address <b>P&amp;M PROPERTY MANAGEMENT 14360 S. TAMiami TRAIL UNIT B FORT MYERS, FL 33912 US</b>
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**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1014944</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SAPP, PAUL L  
P & M PROPERTY MANAGEMENT  
14360 S. TAMiami TRAIL UNIT B  
FORT MYERS, FL 33912**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GREGORY, MARLENE 14360 S. TAMiami TRAIL UNIT B FORT MYERS, FL 33912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Vance, S.D. 14360 S. TAMiami TRAIL UNIT B FORT MYERS, FL 33912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST CARRISS, AROIS 14360 S. TAMiami TRAIL UNIT B FORT MYERS, FL 33912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS Diveley, RANDALL 14360 S. TAMiami TRAIL UNIT B FORT MYERS, FL 33912</b>
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 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:** *Randall Diveley* **1.28.08** **239-481-1577**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #