


MAR-04-2005(FRI) 12:00 TV 12

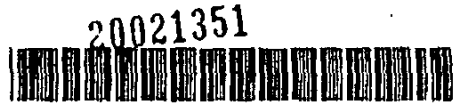
(F) **FILED**
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90044 050 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N99000006604	
1. Entity Name TERRAVERDE 11 CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 780 NW LEJUNE RD #616 MIAMI, FL 33126	Mailing Address 780 NW LEJUNE RD #616 MIAMI, FL 33126
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01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1014948	Applied For Not Applicable
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5. Certificate of Status Destroyed <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAYOR, REYNALDO F 780 NW LEJUENE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>	DATE _____
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Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYOR, REYNALDO F 780 NW LEJUNE RD #616 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOOF, DARREN 780 NW LEJUNE RD #616 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYOR, MELISSA 780 NW LEJUENE RD #616 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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