


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90175 005 \*\*\*\*61.25

DOCUMENT # N99000006604			
1. Entity Name TERRAVERDE 11 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 780 NW LEJEUNE RD #616 MIAMI, FL 33126		Mailing Address 780 NW LEJEUNE 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 US.	Zip 33908	Country U.S.
6. Name and Address of Current Registered Agent MAYOR, REYNALDO F 780 NW LEJEUNE 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 PSM 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>		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 LEJEUNE RD #616 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. Rodney St. Laurent <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15660 San Carlos Blvd. #40 Fort Myers, FL. 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOOF, DARREN 780 NW LEJEUNE RD #616 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gilbert Howard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15660 San Carlos, Blvd #40 Fort Myers, FL. 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYOR, MELISSA 780 NW LEJEUNE RD #616 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Diane Panzieri <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15660 San Carlos Blvd. #40 Fort Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	J Paul SAPP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15660 SAN CARLOS, BLVD. #40 Fort Myers, FL. 33908
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: 4/26/06 239 481-1522	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	