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

DOCUMENT # N99000006604

1. Entity Name

TERRAVERDE 11 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

14360 S TAMIAMI TRAIL

UNIT B FORT MYERS, FL 33912 Mailing Address

14360 S TAMIAMI TRAIL

UNIT B

DO NOT WRITE IN THIS SPACE

FORT MYERS, FL 33912

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

01-31-2008 90014 034 ****61.25



01172008 No Chg-NP

CR2E037 (4/06)

65-1014948 Not	Applicabl
05 4044040	A C L I
4. FEI Number Appl	lied For

5. Certificate of Status Desired

Fee Required

6.	Name	and Address of Current	t Registered Agent

SAPP, PAUL L C/O P&M PROPERTY MANAGEMENT 14360 S TAMIAMI TRAIL UNIT B FORT MYERS, FL 33912

changed, or on an attachment with an ac

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Finan- Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ST. LAURENT, RODNEY 15660 SAN CARLOS BLVD., #40 FORT MYERS, FL 33908				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TINDALL, THOMAS 14360 S TAMIAMI TRAIL UNIT B FORT MYERS, FL 33912				
TITLE NAME STREET ADDRESS City-St-Zip	T KLOOS, MICHAEL 14360 S TAMIAMI TRAIL UNIT B FORT MYERS, FL 33912	· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DIVELEY, RANDALL 14360 S TAMIAMI TRAIL UNIT B FORT MYERS, FL 33912		IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP	Director Bradshaw, William 14360 & Transami Tra 14360 & Transami Tra	m iil with	i		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the cor	certify that the information supplied with this f on this report or suppliemental report is true a poration or the receiver or trustee gripowere	ling does not qualify for the exe and accurate and that my signat to execute this report as requir	emptions co ure shall ha ed by Chap	ntained in Chapter 11 ve the same legal effe ter 617, Florida Statut	9, Florida Statutes. I further certify that the information at as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if