

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000115638

FILED
Feb 19, 2004
Secretary of State

Entity Name: TERRA VERDE JOINT VENTURE, INC.

Current Principal Place of Business:

C/O POI DEVELOPMENT, INC.
4500 EXECUTIVE DR STE 300
NAPLES, FL 34119

New Principal Place of Business:

C/O POI DEVELOPMENT, INC.
314 NEWPORT DRIVE #4
NAPLES, FL 34114

Current Mailing Address:

C/O POI DEVELOPMENT, INC.
4500 EXECUTIVE DR STE 300
NAPLES, FL 34119

New Mailing Address:

C/O POI DEVELOPMENT, INC.
314 NEWPORT DRIVE #4
NAPLES, FL 34114

FEI Number: 33-1037766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLASP, INC.
C/O POI DEVELOPMENT, INC.
4500 EXECUTIVE DR STE 300
NAPLES, FL 34119

Name and Address of New Registered Agent:

COLSON, KARIN A
C/O POI DEVELOPMENT, INC.
314 NEWPORT DRIVE #4
NAPLES, FL 34114

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.

SIGNATURE: KARI COLSON

02/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ST JOHN, EARL
Address: 4500 EXECUTIVE DR STE 300
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: BURGESSON, RICHARD
Address: 4500 EXECUTIVE DR STE 300
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: COLSON, KAVIN
Address: 4500 EXECUTIVE DR., SUITE 100
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ST. JOHN, EARL
Address: 314 NEWPORT DRIVE #4
City-St-Zip: NAPLES, FL 34114

Title: D (X) Change () Addition
Name: BURGESSON, RICHARD
Address: 314 NEWPORT DRIVE #4
City-St-Zip: NAPLES, FL 34114

Title: D (X) Change () Addition
Name: COLSON, KARIN
Address: 314 NEWPORT DRIVE #4
City-St-Zip: NAPLES, FL 34114

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARIN COLSON

MRS.

02/19/2004

Electronic Signature of Signing Officer or Director

Date