

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18578

Entity Name: TERRAVERDE VILLAS ASSOCIATION, INC.**Current Principal Place of Business:**17049 TERRAVERDE CIRCLE
FORT MYERS, FL 33908**Current Mailing Address:**17049 TERRAVERDE CIRCLE
FORT MYERS, FL 33908 US**FEI Number:** 65-0261984**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDERSON, BRUCE JAMES
17027 TERRAVERDE CIRCLE
FORT MYERS, FL 33908 US*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:** BRUCE J. ANDERSON

01/10/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, DIRECTOR
Name DEBOER, CASANDRA .
Address 17049 TERRAVERDE CIRCLE
City-State-Zip: FORT MYERS FL 33908

Title VP, DIRECTOR
Name ANDERSON, BRUCE
Address 17027 TERRAVERDE CIR
City-State-Zip: FORT MYERS FL 33908

Title PRESIDENT DIRECTOR
Name DAVIS, DARYL
Address 17010 TERRAVERDE CIR
City-State-Zip: FT. MYERS FL 33908

Title DIRECTOR
Name FARRISH, ROBIN
Address 12133 CHRASFELD CHASE
City-State-Zip: FT. MYERS FL 33913

Title DIRECTOR
Name LYNCH, JIM
Address 1490 HEATHER CT.
City-State-Zip: DAVIS IL 61019

Title DIRECTOR
Name MEEK, DEBRA
Address 4519 OWEN RD.
City-State-Zip: FENTON MI 48480

Title DIRECTOR
Name ROONEY, GAGE
Address 1687 SQUIRREL VALLEY DR.
City-State-Zip: BLOOMFIELD MI 48304

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE J. ANDERSON

VP/DIRECTOR

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date