


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90025 018 ****61.25

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1. Entity Name
TERRACE X AT LAKESIDE GREENS ASSOCIATION, INC.



Principal Place of Business
**10481 SIX MILE CYPRESS PKWY
 FT MYERS, FL 33912**

Mailing Address
**10481 SIX MILE CYPRESS PKWY
 FT MYERS, FL 33912**

2. Principal Place of Business
Tropical Isles Mgmt

3. Mailing Address
Tropical Isles Mgmt

Suite, Apt. #, etc.
12734 Kenwood Ln #49

City & State
Ft. Myers, FL

Zip
33907

Country
USA



05022005 Chg-NP CR2E037 (10/03)

4. FEI Number
51-0496793

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHIELDS, CHRISTOPHER J
 1833 HENDRY ST
 FT MYERS, FL 33901**

7. Name and Address of New Registered Agent

Name
Tropical Isles Management

Street Address (P.O. Box Number is Not Acceptable)
12734 Kenwood Ln. #49

City
Ft. Myer

FL

Zip Code
33907

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 *D. Reedding* *Dan Reedding* 5/1/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRIMES, JOSEPH	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENSON, STEVE	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURNS, ALAN R	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Peters	
STREET ADDRESS	11 Delburne Dr.	
CITY-ST-ZIP	Davis, IL 61019	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Topham	
STREET ADDRESS	126 Inwood Trail	
CITY-ST-ZIP	Madison, AL 35758	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dexter Sandrik	
STREET ADDRESS	862 Creighton Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE	ASM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Reedding	
STREET ADDRESS	12734 Kenwood	
CITY-ST-ZIP	Ft. Myers, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *D. Reedding* *Dan Reedding* 5/1/05 (235) 935-2599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #