


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


**DOCUMENT # N04000002458**


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




Principal Place of Business  
10481 SIX MILE CYPRESS PARKWAY  
FORT MYERS, FL 33912

Mailing Address  
10481 SIX MILE CYPRESS PARKWAY  
FORT MYERS, FL 33912

2. Principal Place of Business  
  
MANAGEMENT SERVICES, INC.  
12734 Kenwood Ln., Suite 49  
Ft. Myers, FL 33907 USA

3. Mailing Address  
  
MANAGEMENT SERVICES, INC.  
12734 Kenwood Ln., Suite 49  
Ft. Myers, FL 33907 USA

FILED  
05 OCT 24 PM 6:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 2005 WOP**

4. FEI Number  
65-1221761

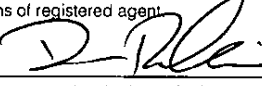
Applied For  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
SHIELDS, CHRISTOPHER J  
1833 HENDRY STREET  
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent  
Name: Don Roedding  
Street Address (P.O. Box Number is Not Acceptable):  
12734 Kenwood Lane, Suite 49  
City: Ft. Myers, 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:  Don Roedding 10/21/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

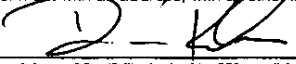
**FILE NOW!!! FEE IS \$61.25**  
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	GRIMES, JOSEPH 10481 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE ASm Roedding, Don 12734 Kenwood Lane, Suite 49 Ft. Myers, FL 33907
TITLE D	BENSON, STEVE 10481 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE D Hagen, John 10481 Six mile Cypress Pkwy. Ft. Myers FL 33912
TITLE D	BURNS, ALAN R 10481 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE D 9000602982000 10/24/05--01061--010 **\$61.25
TITLE D		<input type="checkbox"/> Delete	TITLE D
TITLE D		<input type="checkbox"/> Delete	TITLE D
TITLE D		<input type="checkbox"/> Delete	TITLE D

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:  Don Roedding 10/21/05 (235) 925-2555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #