FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N98000001201

TERRACE II AT LAKESIDE GREENS ASSOCIATION, INC.

Principal Place of Business

10491 SIX MILE CYPRESS PARKWAY

SUITE 101 FORT MYERS FL 33912 Mailing Address

10491 SIX MILE CYPRESS PARKWAY

SUITE 101

FORT MYERS FL 33912

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90158 003 ****61.25

														
2. Principal Place of Business				2a.	2a. Mailing Address					3. Date Incorporated or Qualifed				
21				26	26					2/1998				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				4. FEI NO			- 1 ''	plied For	
22				27					65	-0825022			Applicable	
City & State					City & State				5. Certifo	ate of Status Desired		\$8.75 A Fee Re		
23 Zi	<u></u>		Country	28	Zip	Coun	trv		6 Floatio	n Campaign Financing	-	\$5.00	May Re	
	Þ	25 29 30					,			Fund Contribution		Added to	, I	
24 25 29 30 30 9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent						
		Isaino	and Address of Ot	arrotte region		-	81	Name			: .			
ALUM DO ALBIOTABLES I						L.	_		11 (5.0.5	Al Sharia Nat Assault	iahla)			
SHIELDS, CHRISTOPHER J						[82 Street Address (P.O. Box Number is Not Acce				able)			
1833 HENDRY STREET														
FORT MYERS FL 33901												Tag 7:- 6		
						1	84	City			FL	85 Zip C	ode	
11. 6	Dureuant t	to the provis	ions of Sections 617	0502 and 61	7.1508. Florida Statute	es. the ab	ove	-named	corporation submi	its this statement for the	purpose of	changing its	registered	
	office or re	egistered ag	ent, or both, in the S	tate of Florid	a. Such change was at	uthorizea	DΥι	ine corpo	ration's board of	directors. I hereby acce	pt the appoin	ntment as reg	gistered	
ā	igent. I ai	m familiar wi	tn, and accept the o	bligations of,	Section 617.0503, Flor	iua Statui	les.							
SIGN	IATURE	Staneture typed	or printed name of registers	i eltit bos toese be	applicable. (NOTE:	Registered A	Agent	t signature re	quired when reinstating)	DATE			
12.		Digital O. typeo		S AND DIRE		13.		-	ADDITI	ONS/CHANGES TO OF	FFICERS AN	ID DIRECTO	RS IN 12	
TITLE		D			☐ DELETE	1.1 TITL	E					Change	☐ Addition	
NAME		_	JOSEPH			1.2 NA	ΜE							
	AME GRIMES, JOSEPH TREET ADDRESS 10491 SIX MILE CYPRESS PARK			PARKWAY	. ₩ #101 1.35			ADDRESS						
	FORT MYERS FL 33912				1,4 C			-ZIP						
TITLE		D	<u> </u>		☐ DELETE	2.1 TITL	E					Change	☐ Addition	
NAME			AY. DARIN			2.2 NA	WE	- 1						
	STREET ADDRESS 10491 SIX MILE CYPRESS PARK			PARKWAY	AY #101 23			ADDRESS						
	CITY-ST-ZIP FORT MYERS FL 33912			1 CHILLIAN				2.4 CITY-ST-ZIP					-	
TITLE		D	21.012 00012		☐ DELETE	3.1 TITE	E					☐ Change	☐ Addition	
NAME		BURNS. A	MAN R			3.2 NA	ΜE							
STREET ADDRESS 10491 SIX MILE CYPRESS PARKY			PARKWAY	∖Y #101 33\$			ADDRESS							
CITY-S			ERS FL 33912		# - -	3.4. CIT	Y-S1	T-ZIP						
TITLE		, VIII 1911	<u> </u>		☐ DELETE	4.1 TITL	LE					Change	Addition	
NAME						4. 2 NA	ME						•	
STREE	T ADDRESS!					4.3 STR	REET	ADDRESS						
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NAME						5.2 NAJ	ME							
STREE	T ADDRESS					5.3 STF	REET	ADDRESS						
CITY-S	T-ZIP					5.4 CIT	Y-ST	-ZIP						
TITLE					☐ DELETE	6.1 TITI	LE					☐ Change	☐ Addition	
NAME						6.2 NA	ME				• •			
STREE	TADDRESS)				6.3 STF	REET	ADDRESS		. `.	•			
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RINATURE REQUIRED

941-278-1177