

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-08-2001 90007 034 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001201

1. Entity Name

TERRACE II AT LAKESIDE GREENS ASSOCIATION, INC.

Principal Place of Business

10060 AMBERWOOD RD
4
FORT MYERS FL 33912

Mailing Address

10060 AMBERWOOD RD
4
FORT MYERS FL 33912

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0825022

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~EOELLEO, BOB~~
10060 AMBERWOOD RD
#4
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name: Ken Snyder
Street Address (P.O. Box Number in brackets):
Gulf Coast Management Services, Inc.
10060 Amberwood Road - Suite 4
Fort Myers, Florida 33913
Zip Code: _____

RECEIVED
MAY 18 2001

8. The above named entity submits this statement for the purpose of changing its registered office or

SIGNATURE

[Handwritten Signature]

5-21-01

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMES, JOSEPH	
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY #101	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMURRAY, DARIN	
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY #101	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, ALAN R	
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY #101	
CITY-ST-ZIP	FORT 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President: George Biggs	
STREET ADDRESS	8096 Queen Palm Ln. # 213	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norman Riester	
STREET ADDRESS	8096 Queen Palm Ln. # 226	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S/T Barbara Martin	
STREET ADDRESS	8096 Queen Palm Ln. # 225	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 is 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)