


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000001201 1. Entity Name TERRACE II AT LAKESIDE GREENS ASSOCIATION, INC.	
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Principal Place of Business 12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907	Mailing Address 12764 KENWOOD LANE SUITE 49 FT. MYERS, FL 33907
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04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0825022	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TROPICAL ISLES MANAGEMENT
 12734 KENWOOD LANE SUITE 49
 FORT MYERS, FL 33907

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

Filing Fee is \$61.25
Due by May 1, 2004

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

U00000152662
 05/04/04-80093-022 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BIGGS, GEORGE 8096 QUEEN PALM LN., #213 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV RIESTER, NORMAN 8096 QUEEN PALM LN, #226 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CARTER, GUY 3865 ARIN LANE LEXINGTON, KY 40514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 Raedding 4/30/04 (239) 939-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #