

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005408

Entity Name: TERRACE XI AT LAKESIDE GREENS ASSOCIATION, INC.

Current Principal Place of Business:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN STE 49
FORT MYERS, FL 33907

Current Mailing Address:

TROPICAL ISLES MGMT SERVICES INC
12734 KENWOOD LN., STE 49
FORT MYERS, FL 33907

FEI Number: 65-1039020

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN., STE 49
FORT MYERS, FL 33907 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name BITHER, TOM
Address TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN STE 49
City-State-Zip: FORT MYERS FL 33907

Title DVP
Name QUINN, CAROLE
Address TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN STE 49
City-State-Zip: FORT MYERS FL 33907

Title DST
Name COURT, LYNN
Address TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN STE 49
City-State-Zip: FORT MYERS FL 33907

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOM BITHER

PRESIDENT

01/21/2014

Electronic Signature of Signing Officer/Director Detail

Date