

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000509

**Entity Name:** TERRACE X AT LAKESIDE GREENS ASSOCIATION, INC.

**Current Principal Place of Business:**

TROPICAL ISLES MGMT  
12734 KENWOOD LANE #49  
FORT MYERS, FL 33907

**Current Mailing Address:**

TROPICAL ISLES MGMT  
12734 KENWOOD LANE #49  
FORT MYERS, FL 33907

**FEI Number: 51-0196793**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LANE #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 PATERNOSTER, CHARLES  
Address TROPICAL ISLES MGMT  
12734 KENWOOD LANE #49  
City-State-Zip: FORT MYERS FL 33907

Title T  
Name RICKMOND, JACK  
Address TROPICAL ISLES MGMT  
12734 KENWOOD LANE #49  
City-State-Zip: FORT MYERS FL 33907

Title V  
Name DAGOSTO, BOB  
Address TROPICAL ISLES MGMT  
12734 KENWOOD LANE #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: CHARLES PATERNOSTER**

**PRESIDENT**

**03/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date