


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90025 036 \*\*\*\*61.25

<b>DOCUMENT # N00000000971</b>		
1. Entity Name TERRACE VI AT LAKESIDE GREENS ASSOCIATION, INC.		

Principal Place of Business C/O HENKE PROPERTY MGT INC 6213 A PRESIDENTIAL CT FT MYERS, FL 33919	Mailing Address C/O HENKE PROPERTY MGT INC 6213 A PRESIDENTIAL CT FT MYERS, FL 33919
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2. Principal Place of Business 12734 Kenwood Ln	3. Mailing Address 12734 Kenwood Ln.
Suite, Apt. #, etc. #49	Suite, Apt. #, etc. #49

City & State Ft. Myers, FL	City & State Ft. Myers, FL
Zip 33907	Zip 33907
Country	Country



05122005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0986864	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENKE, CAROL 6213-A PRESIDENTIAL COURT FT MYERS, FL 33919	
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7. Name and Address of New Registered Agent Name Tropical Isler Management Street Address (P.O. Box Number is Not Acceptable) 12734 Kenwood Ln. #49 City Ft. Myers FL Zip Code 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCDERMOTT, ROY 8056 QUEEN PALM #613 FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV O'CONNELL, RICHARD 8056 QUEEN PALM #636 FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LEVESQUE, MARCEL 8056 QUEEN PALM #626 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Reading Date 5/1/05 Daytime Phone # (239) 939-2559