

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001000

FILED
Mar 30, 2007
Secretary of State

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

Current Principal Place of Business:

2180 WEST STATE RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 65-0988279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 WEST STATE RD. 434, SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HELLMUELLER, JACK
Address: 4800 BLACKTREE CT
City-St-Zip: LOUISVILLE, KY 40222

Title: STD (X) Delete
Name: HERRINGSHAW, JAMES
Address: 2811 STARK DR
City-St-Zip: WILLOUGHBY HILLS, OH 44094

Title: D () Delete
Name: TOUSLEY, NEIL
Address: 2810 W WILLOWLAKE DR
City-St-Zip: PEORIA, IL 61614

Title: D () Delete
Name: BROWN, LYN
Address: 8066 QUEEN PALM LANE
City-St-Zip: FT. MYERS, FL 33912

Title: VPD (X) Delete
Name: LEVY, ALLAN
Address: 3 LYNDHURST PL
City-St-Zip: CHAMPAIGN, IL 61820

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: TOUSLEY, NEIL
Address: 2810 W WILLOWLAKE DR
City-St-Zip: PEORIA, IL 61614

Title: D (X) Change () Addition
Name: LEVY, ALLAN
Address: 3 LYNDHURST PL
City-St-Zip: CHAMPAIGN, IL 61820

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JACK HELLMUELLER

PD

03/30/2007

Electronic Signature of Signing Officer or Director

Date