

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90030 031 ****61.25

DOCUMENT # N00000003350

1. Entity Name
TERRACE XIV AT LAKESIDE GREENS ASSOCIATION, INC.



Principal Place of Business
**TROPICAL ISLE MANAGEMENT
12734 KENWOOD LN., #49
FORT MYERS, FL 33-9074 US**

Mailing Address
**TROPICAL ISLE MANAGEMENT
12734 KENWOOD LN., #49
FORT MYERS, FL 33-9074 US**

50000394



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-1016345

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN.
#49
FORT MYERS, FL 33907**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **HYBERGER, BOB**
STREET ADDRESS **10450 WASHINGTONIA PALM WAY #1445**
CITY-ST-ZIP **FT. MYERS, FL 33942 33966**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33966**

TITLE **DVP** ☒ Delete
NAME **KLEIN, ALLEN**
STREET ADDRESS **10450 WASHINGTON PALM WAY #1421**
CITY-ST-ZIP **FT. MYERS, FL 33942 33966**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ASM** ☒ Delete
NAME **ROEDDING, DON**
STREET ADDRESS **12734 KENWOOD LANE**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☐ Delete
NAME **BALDWIN, DOUGLAS R**
STREET ADDRESS **10450 WASHINGTON PALM WAY #1418**
CITY-ST-ZIP **FORT MYERS, FL 33942 33966**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33966**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☐ Change ☒ Addition
NAME **nancy Bouthilette**
STREET ADDRESS **10450 Washingtonia Palm #1437**
CITY-ST-ZIP **Fort Myers, FL 33966**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-08-08