

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003355

FILED
Mar 26, 2009
Secretary of State

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

Current Principal Place of Business:

12734 KENWOOD LANE
STE 49
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD LANE
STE 49
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-1016344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT SERVICES
12734 KENWOOD LANE
STE 49
FORT MYERS, FL 33907 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: T () Delete
Name: NASSER, NAP
Address: 4845 PARK PL BLVD
City-St-Zip: SYLVANIA, OH 43560

Title: VP () Delete
Name: REGAN, JOHN
Address: 10617 S HOYNE
City-St-Zip: CHICAGO, IL 60643

Title: P () Delete
Name: ROUSSELLE, GAIL
Address: 10460 WASHINGTONIA PALM WAY #1341
City-St-Zip: FORT MYERS, FL 33912

Title: S (X) Delete
Name: HVMPHREYO, BOBBY
Address: 1320 HUNTERS POINTE DR
City-St-Zip: RICHMOND, IN 47374

Title: MGRM (X) Delete
Name: SLOWICK, TED
Address: 7901 N. RILDARE AVE
City-St-Zip: SKOKIE, IL 60076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NASSER, NAP
Address: 4845 PARK PL BLVD
City-St-Zip: SYLVANIA, OH 43560

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

Title: S (X) Change () Addition
Name: ROUSSELLE, GAIL
Address: 10460 WASHINGTONIA PALM WAY #1341
City-St-Zip: FORT MYERS, FL 33966

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

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

I hereby certify that the information supplied with this filing does not qualify 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: NAP NASSER

Electronic Signature of Signing Officer or Director

P

03/26/2009

Date