

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2004 8:00 am**  
**Secretary of State**

07-15-2004 90002 012 \*\*\*\*61.25

**DOCUMENT # N00000003619**

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



Principal Place of Business  
10481 SIX MILE CYPRESS PKWY.  
FT MYERS, FL 33912

Mailing Address  
SPIRES & ASSOCIATES, P.A.  
12734 KENWOOD LANE, SUITE 49  
FORT MYERS, FL 33907-5639

**54062389**



2. P  
S  
Z  
**Tropical Isles**  
MANAGEMENT SERVICES, INC.  
12734 Kenwood Ln., Suite 49  
Ft. Myers, FL 33907

3. Mailing Address  
**Tropical Isles**  
MANAGEMENT SERVICES, INC.  
12734 Kenwood Ln., Suite 49  
Ft. Myers, FL 33907

07062004 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-1020749  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J  
1833 HENDRY STREET  
FT MYERS, FL 33901

## 7. Name and Address of New Registered Agent

Name **Tropical Isles Management**  
Street Address (P.O. Box Number is Not Acceptable)  
**12734 Kenwood Ln., #49**  
City **Ft. Myers** **FL** Zip Code **33907**

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

*Don Reedding, CAM*  
(NOTE: Registered Agent signature required when reinstating)

*6/24/04*  
DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

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

TITLE **D** ☐ Delete  
NAME **MCMURRAY, DARIN**  
STREET ADDRESS **10481 SIX MILE CYPRESS PKWY.**  
CITY-ST-ZIP **FT MYERS, FL 33912**

TITLE **D** ☐ Delete  
NAME **BENSON, STEVE**  
STREET ADDRESS **10481 SIX MILE CYPRESS PKWY.**  
CITY-ST-ZIP **FT MYERS, FL 33912**

TITLE **D** ☐ Delete  
NAME **BURNS, ALAN R**  
STREET ADDRESS **10481 SIX MILE CYPRESS PKWY.**  
CITY-ST-ZIP **FT MYERS, FL 33912**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **ASM**  
STREET ADDRESS **Don Reedding**  
CITY-ST-ZIP **12734 Kenwood Ln. #49**  
**Ft. Myers, FL 33907**

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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Don Reedding*  
Date

*6/24/04 (239) 939-2559*  
Daytime Phone #