-- 2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N00000003619

1. Entity Name
TERRACE VII AT I AKESIDE GREENS ASSOCIATION



INC.	LVIIAI	D INCOIDE ONCE	3 ASSOCIATION,										
Principal Place of Business TROPICAL ISLES MGMT SERVICES 12734 KENWOOD LN STE 49 FORT MYERS, FL 33907			Mailing Address TROPICAL ISLES MGMT SERVICES 12734 KENWOOD LN STE 49 FORT MYERS, FL 33907					95 111 15 111 15 1					
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				05112005	Chg-NF	1	CR2E03	37 (10/03)		
City & State			City & State			•	4. FEI Numbe 65-102				_ 	oplied For ot Applicable	
Zip	Country		Zip	Zip Cou		y 5. Certificate			of Status Desired			\$8.75 Additional Fee Required	
	6. Name	and Address of Current I	Registered Agent				7. Name and	Address	f New Re	gistered A	Agent		
TROPICAL ISLES MANAGEMENT					Name								
12734 KENWOOD LANE # 49				Street Addres			P.O. Box Numbe	er is Not Ac	ceptable				
FORT MY	ERS, FL 3	33907		City						FL	Zip Cod	le	
B The above	named antib	v submits this statement for	the purpose of changing its	ragistar	ed office or	ranistari	ed agent or bot	th in the St	ate of Flor		familiar with	and accept	
	i named entity tions of regist		the burbose or changing its	register	eu onice or	registeri	ed agent, or bot	iii, iii iii o 3i	ale Ci Fioi	iua. Lain	iaminai witi.	, and accept	
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SIGNATURE .													
		or printed name of registered agent a	nd title if applicable. (NOT	: Registere	d Agent signatu	are regulred	when reinstating)			DATE			
Filing Fee is \$61.25 Due by September 7, 2005 9. Election Campaign F Trust Fund Contributi					- 1.0								
D	_				-		\$5.00 May B Added to Fees	le			c payable t tment of S		
	_	tember 7, 2005	Trust Fund C	Contribut	-				Flori	da Depar	tment of S	tate	
10.	_		Trust Fund C		ion.	73	ADDITIONS/CH.	ANGES TO	Flori OFFICEF	da Depar	tment of S	tate	
	ue by Sep	tember 7, 2005	Trust Fund C	ontribut	ion.	P. Ric	ADDITIONS/CH	ANGES TO	Florion OFFICEF	da Depar	tment of S	N 10	
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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 phecilike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Koedd.

FILED

May 18, 2005 8:00 am Secretary of State

05-18-2005 90025 012 ****61.25

6132-5ES (552) Daytime Phone #