

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-05-2006 90177 023 ****61.25

DOCUMENT # N00000003619					
1. Entity Name TERRACE VII AT LAKESIDE GREENS ASSOCIATION, INC.					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02092006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-1020749				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 LANE # 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE P NAME O'CONNELL, RICHARD STREET ADDRESS 882 CREIGHTON DR CITY-ST-ZIP FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete				
TITLE VP NAME MILOTA, CONNIE STREET ADDRESS 5536 BEACH CT CITY-ST-ZIP PARMA, OH 44134	<input type="checkbox"/> Delete				
TITLE ASM NAME ROEDDING, DON STREET ADDRESS 12734 KENWOOD LANE # 49 CITY-ST-ZIP FORT MYERS, FL 33907	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE STD NAME DONALD C. ZUCK STREET ADDRESS 3418 NE BRIARWOOD DR. CITY-ST-ZIP ANKENY, IA 50021					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE PD NAME Rudolfo Cifolelli STREET ADDRESS 10361 Butterfly Palm Way #726 CITY-ST-ZIP Ft. Myers, FL 33912					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>Connie Milota</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>2-23-06</u> Daytime Phone # <u>939-2538</u>					

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