2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N00000003619

1. Entity Name
TERRACE VII AT LAKESIDE GREENS ASSOCIATION,



FILED

Feb 08, 2007 8:00 am Secretary of State 02-08-2007 90044 023 ****61.25

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						III 1111 1311			
2. Principal P	face of Busin	ness - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01162007	Chg-NP	CR2E0	37 (12/06)		
City & State			City & State				4. FEI Number 65-1020	749		 	oplied For of Applicable	
Zip	·	Country	Zip Cou		untry				\$8.75 Add Fee Require			
	6. Name	and Address of Current	Registered Agent				7. Name and A	ddress of New	Registered	Agent		
12734 KEN # 49	NMOOD L		-		Name Street Ad	Name Street Address (P.O. Box Number is Not Acceptable)						
FORT MYERS, FL 33907										Zip Coo	le	
					City				Fi			
	tions of regist	,	the purpose of changing it		_		ed agent, or both,	, in the State of	Florida. I am	n familiar with,	and accept	
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	• .	e is \$61.25 flay 1, 2007	9. Election Ca Trust Fund				\$5.00 May Be Added to Fees	ŀ		ck payable t irtment of S		
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10.		OFFICERS AND DIF	ECTORS	11.		/	ADDITIONS/CHAN	 NGES TO OFFIC	CERS AND D	DIRECTORS IN	V 10	
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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 NA

OF SIGNING OFFICER OR DIRECTOR