


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90028 005 ****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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40018746



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1020749	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZUCK, DONALD C			NAME			
STREET ADDRESS	3418 NE BRIARWOOD DR			STREET ADDRESS			
CITY-ST-ZIP	ANKENY, IA 50021			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, JOHN			NAME			
STREET ADDRESS	10361 BUTTERFLY PALM WAY #742			STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS, FL 33966			CITY-ST-ZIP			
TITLE	TR	<input type="checkbox"/> Delete		TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CONNIE MILOTA			NAME	Connie Milota		
STREET ADDRESS	10361 Butterfly Palm Way 733			STREET ADDRESS	10361 Butterfly Palm # 733		
CITY-ST-ZIP	Fort Myers FL 33966			CITY-ST-ZIP	Fort Myers, FL 33966		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Don Zuck **DON ZUCK, PRES.** 1/23/08 (515) 480-3445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #