

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005408

FILED
Mar 06, 2009
Secretary of State

Entity Name: TERRACE XI AT LAKESIDE GREENS ASSOCIATION, INC.

Current Principal Place of Business:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN STE 49
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

TROPICAL ISLES MGMT SERVICES INC
12734 KENWOOD LN., STE 49
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-1039020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN., STE 49
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BITHER, TOM
Address: 17 MULBERRY LN
City-St-Zip: SCARBOROUGH, ME 04074

Title: DVP () Delete
Name: QUINN, CAROLE
Address: 650 121ST AVE NW
City-St-Zip: MINNEAPOLIS, MN 55448

Title: DST () Delete
Name: COURT, LYNN
Address: 10480 WASHINGTON PALM WAY, #1123
City-St-Zip: FT MYERS, FL 33966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM BITHER

DP

03/06/2009

Electronic Signature of Signing Officer or Director

Date