


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90022 013 ****61.25

DOCUMENT # N04000002458					
1. Entity Name TERRACE XV AT LAKESIDE GREENS ASSOCIATION, INC.					
Principal Place of Business TROPICAL ISLES MGMT SVCS INC 12734 KENWOOD LANE, SUITE 49 FORT MYERS, FL 33907			Mailing Address TROPICAL ISLES MGMT SVCS INC 12734 KENWOOD LANE, SUITE 49 FORT MYERS, FL 33907		
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	02142007 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-1221761				Applied For <input type="checkbox"/> 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		
ROEDDING, DON C/O TROPICAL ISLES MANAGEMENT SERVICES INC 12734 KENWOOD LANE, SUITE 49 FORT MYERS, FL 33907			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ASM		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROEDDING, DON		NAME	Thomas Reinkle	
STREET ADDRESS	12734 KENWOOD LANE, SUITE 49		STREET ADDRESS	10350 Washington Palm Way #4216	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP	Ft. Myers, FL 33966	
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRISON, RONALD		NAME		
STREET ADDRESS	10350 WASHINGTON PALM WAY SUITE 4244		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33942 33966		CITY-ST-ZIP		
TITLE	VP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, MURRAY		NAME		
STREET ADDRESS	10350 WASHINGTON PALM WAY SUITE 4231		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33942 33966		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		
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: <i>RC Morrison</i> 2/21/07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					