

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002458

FILED
Feb 17, 2011
Secretary of State

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

Current Principal Place of Business:

TROPICAL ISLES MGMT SVCS INC
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

TROPICAL ISLES MGMT SVCS INC
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-1221761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROEDDING, DON
C/O TROPICAL ISLES MANAGEMENT SERVICES INC
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

TROPICAL ISLES MANAGEMENT SRVS INC
12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907 US

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: TROPICAL ISLES MANAGEMENT

02/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MORRISON, RONALD
Address: 10350 WASHINGTONIA PALM WAY #4244
City-St-Zip: FORT MYERS, FL 33966

Title: VP
Name: PETERSON, MURRAY
Address: 10350 WASHINGTONIA PALM WAY #4231
City-St-Zip: FORT MYERS, FL 33966

Title: ST
Name: KENYON, DONALD
Address: 10350 WASHINGTONIA PALM WAY #4222
City-St-Zip: FT MYERS, FL 33966

I hereby 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 all other like empowered.

SIGNATURE: RONALD MORRISON

P

02/17/2011

Electronic Signature of Signing Officer or Director

Date