



2005**CORPORATION
REINSTATEMENT**

DOCUMENT # N10000002981		
1. Entity Name TERRACE XVI AT LAKESIDE GREENS ASSOCIATION, INC.		
Principal Place of Business 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912	Mailing Address 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912	
2. Principal Place of Business	3. Mailing Address	

FILED

05 OCT 24 PM 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA **Tropical Isles**MANAGEMENT SERVICES, INC.
12734 Kenwood Ln., Suite 49

Ft. Myers, FL 33907 USA

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12734 Kenwood Ln., Suite 49

Ft. Myers, FL 33907 USA

REINSTATEMENT 2005

4. FEI Number

51-0503334

Applied For

Not Applicable

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
SHIELDS, CHRISTOPHER J 1833 HENDRY ST FT MYERS, FL 33901	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	ASM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIMES, JOSEPH	NAME	Roedding, Donald
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY	STREET ADDRESS	10481 Six mile Cypress Pkwy
CITY-ST-ZIP	FT MYERS, FL 33912	CITY-ST-ZIP	Ft Myers, FL 33912
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, STEVE	NAME	100060898081
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY	STREET ADDRESS	10/24/05--01061--006 **61.25
CITY-ST-ZIP	FT MYERS, FL 33912	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNS, ALAN R	NAME	Hagen, John
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY	STREET ADDRESS	10481 Six mile Cypress Pkwy.
CITY-ST-ZIP	FT MYERS, FL 33912	CITY-ST-ZIP	Ft. Myers, FL 33912
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 exemption stated in Section 119.07(3)(i), 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 607, 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 NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #