

2006

CORPORATION
ANNUAL REPORT5/5
5FILED
Jul 17, 2006 8:00 am
Secretary of State

05-05-2006 90177 027 ****61.25

07-17-2006 90145 006 ****88.75

DOCUMENT # N10000002981			
1. Entity Name TERRACE XVI AT LAKESIDE GREENS ASSOCIATION, INC.			
Principal Place of Business C/O TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LN., SUITE 49 FT. MYERS, FL 33907		Mailing Address C/O TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LN., SUITE 49 FT. MYERS, FL 33907	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY ST FT MYERS, FL 33901		7. Name and Address of New Registered Agent tropical isles MANAGEMENT SERVICES, INC. 12734 Kenwood Ln., Suite 49 Ft. Myers, FL 33907	
Name		Street	
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: <i>[Signature]</i>		DATE: <i>4/26/06</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM ROEDDING, DONALD 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSON, STEVE 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912 ☒ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGEN, JOHN 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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: <i>[Signature]</i>		DATE: <i>4/26/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40099564



03142006 Chg-P CR2E034 (11/05)

4. FEI Number
51-0503336

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required