

2007

CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90035 018 ***150.00

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

4011



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

51-0503336

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TROPICAL ISLES MANAGEMENT SERVICES INC
12734 KENWOOD LN., SUITE 49
FORT MYERS, FL 33907

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 May 1, 2007 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
P
Eileen Baerlein
10390 Washingtonia Palm # 4342
Ft. Myers, FL 33966

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD Evans
BAIR, RICHARD
10390 WARLINGTONIA PALM WAY #4613
FT MYERS, FL 33912 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
VP
Harold Giacini
10390 Washingtonia Palm # 4311
Ft. Myers, FL 33966

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
ST
Richard Evans
10390 Washingtonia Palm # 4613
Ft. Myers, FL 33966

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ 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 exemption 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 any officer or director who has 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 606, 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: Donal M. Baerlein
SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/07 603 401 41 48