



2008

CORPORATION
ANNUAL REPORTFILED
May 01, 2008 8:00 am
Secretary of State04-04-2008 90010 016 *****61.25
05-01-2008 90235 022 *****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0503336	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TROPICAL ISLES MANAGEMENT SERVICES INC 12734 KENWOOD LN., SUITE 49 FORT MYERS, FL 33907				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent					
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	BEAULIEU	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAULIEG, EILEEN		NAME	10370 Washington Palm	
STREET ADDRESS	10390 WASHINGTON PALM #342		STREET ADDRESS	# 4342	
CITY-ST-ZIP	FT. MYERS, FL 33966		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	10370 Washington Palm	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIACINI, HAROLD		NAME	# 4311	
STREET ADDRESS	10390 WASHINGTON PALM #4311		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33966		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	10370 Washington Palm	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, RICHARD		NAME	# 4613	
STREET ADDRESS	10390 WASHINGTON PALM #4613		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 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		
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 dictated 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 signed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			3/26/08 2399390241		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		