

**2009 CORPORATION ANNUAL REPORT**

DOCUMENT# N10000002981

**FILED**  
**Mar 25, 2009**  
**Secretary of State****Entity Name:** TERRACE XVI AT LAKESIDE GREENS ASSOCIATION, INC.**Current Principal Place of Business:**C/O TROPICAL ISLES MANAGEMENT  
SERVICES INC 12734 KENWOOD LN., SUITE 49  
FT. MYERS, FL 33907**New Principal Place of Business:****Current Mailing Address:**C/O TROPICAL ISLES MANAGEMENT  
SERVICES INC 12734 KENWOOD LN., SUITE 49  
FT. MYERS, FL 33907**New Mailing Address:****FEI Number:** 51-0503336**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**TROPICAL ISLES MANAGEMENT SERVICES INC  
12734 KENWOOD LN., SUITE 49  
FORT MYERS, FL 33907 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).****OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BEAULIEU, EILEEN  
Address: 10370 WASHINGTON PALM, STE 4342  
City-St-Zip: FT. MYERS, FL 33966

Title: VP ( ) Delete  
Name: BIACINI, HAROLD  
Address: 10370 WASHINGTON PALM, STE 4311  
City-St-Zip: FT. MYERS, FL 33966

Title: ST ( ) Delete  
Name: EVANS, RICHARD  
Address: 10370 WASHINGTON PALM, STE 4613  
City-St-Zip: FT. MYERS, FL 33966

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: BEAULIEU, EILEEN  
Address: 10370 WASHINGTON PALM, STE 4342  
City-St-Zip: FT. MYERS, FL 33966

Title: VP (X) Change ( ) Addition  
Name: BIAGINI, HAROLD  
Address: 10370 WASHINGTON PALM, STE 4311  
City-St-Zip: FT. MYERS, FL 33966

Title: P (X) Change ( ) Addition  
Name: EVANS, CATHY  
Address: 10370 WASHINGTON PALM, STE 4613  
City-St-Zip: FT. MYERS, FL 33966

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY EVANS

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date