

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002981

FILED  
Mar 04, 2011  
Secretary of State

**Entity Name:** TERRACE XVI AT LAKESIDE GREENS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

%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  
FT 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EVANS, CATHY  
Address: 10370 WASHINGTON PALM, STE 4613  
City-St-Zip: 33966,

Title: VP  
Name: BIAGINI, HAROLD  
Address: 10370 WASHINGTON PALM, STE 4311  
City-St-Zip: 33966,

Title: T  
Name: BEAULIEU, EILEEN  
Address: 10370 WASHINGTON PALM, STE 4342  
City-St-Zip: 33966,

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CATHY EVANS

P

03/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date