

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001200

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: TERRACE I AT LAKESIDE GREENS ASSOCIATION, INC.

## Current Principal Place of Business:

12734 KENWOOD LANE  
STE 49  
FORT MYERS, FL 33907 US

## New Principal Place of Business:

## Current Mailing Address:

12764 KENWOOD LANE  
SUITE 49  
FT. MYERS, FL 33907

## New Mailing Address:

12734 KENWOOD LANE  
STE 49  
FORT MYERS, FL 33907 US

FEI Number: 65-0825016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGAMENT SERV.  
12734 KENWOOD LANE  
STE 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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROBERTS, WALTER  
Address: 8106 QUEEN PALM LANE #135  
City-St-Zip: FORT MYERS, FL 33912

Title: DT ( ) Delete  
Name: GRUBB, LARRY  
Address: 8106 QUEEN PALM LANE, #132  
City-St-Zip: FORT MYERS, FL 33912

Title: DV ( ) Delete  
Name: KANE, DENNIS  
Address: 8106 QUENN PALM LN #122  
City-St-Zip: FORT MYERS, FL 33912

Title: DS ( ) Delete  
Name: MCLAUGHLIN, CATHERINE  
Address: 8106 QUENN PALM LN #142  
City-St-Zip: FORT MYERS, FL 33912

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: WALTER ROBERTS

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date