

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001200

FILED  
Mar 23, 2010  
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:**

12734 KENWOOD LANE  
STE 49  
FORT MYERS, FL 33907 US

**New Mailing Address:**

**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  
Name: ROBERTS, WALTER  
Address: 8106 QUEEN PALM LANE #135  
City-St-Zip: FORT MYERS, FL 33966

Title: DT  
Name: GRUBB, LARRY  
Address: 8106 QUEEN PALM LANE, #132  
City-St-Zip: FORT MYERS, FL 33966

Title: DV  
Name: KANE, DENNIS  
Address: 8106 QUEEN PALM LN #122  
City-St-Zip: FORT MYERS, FL 33966

Title: DS  
Name: MCLAUGHLIN, CATHERINE  
Address: 8106 QUEEN PALM LN #142  
City-St-Zip: FORT MYERS, FL 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: WALTER ROBERTS

PD

03/23/2010

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

\_\_\_\_\_  
Date