2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001201

FILED Mar 16, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

12764 KENWOOD LANE SUITE 49 SUITE 49 FT. MYERS, FL 33907 FORT MYERS, FL 33907

FEI Number: 65-0825022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TROPICAL ISLES MANAGEMENT 12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907 US

OFFICERS AND DIRECTORS:

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

Electronic Olghature of Negistered

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: BIGGS, GEORGE BIGGS, GEORGE

 Address:
 8096 QUEEN PALM LN., #213
 Address:
 8096 QUEEN PALM LN., #213

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:
 FORT MYERS, FL 33966

Title: DT () Delete Title: DT (X) Change () Addition Name: RIESTER, NORMAN Name: RIESTER, NORMAN

 Address:
 8096 QUEEN PALM LN, #226
 Address:
 8096 QUEEN PALM LN, #226

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:
 FORT MYERS, FL 33966

Title: VP () Delete Title: () Change () Addition

 Name:
 CARTER, GUY
 Name:

 Address:
 3865 ARIN LANE
 Address:

 City-St-Zip:
 LEXINGTON, KY 40514
 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: GEORGE BIGGS P 03/16/2009