

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001202

1. Entity Name

TERRACE III AT LAKESIDE GREENS ASSOCIATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90126 028 ****61.25

Principal Place of Business	Mailing Address
10491 SIX MILE CYPRESS PARKWAY SUITE 101 FORT MYERS FL 33912	10491 SIX MILE CYPRESS PARKWAY SUITE 101 FORT MYERS FL 33912-6406



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
clo Henke Prop Mgmt Suite, Apt. #, etc. 6213-A Presidential Ct City & State Ft Myers FL	clo Henke Property Mgt Suite, Apt. #, etc. 6213-A Presidential Ct City & State Ft Myers FL
Zip 33919	Country USA

4. FEI Number	Applied For
65-0825017	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	

6. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J.
1833 HENDRY STREET
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name	CAROL J. Henke
Street Address (P.O. Box Number is Not Acceptable)	clo Henke Property Mgt Inc
	6213-A Presidential Ct
City	Ft Myers FL 33919

8. 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 Carol J Henke
 Signature, typed or printed name of registered agent and title if applicable.

4/27/00

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☒ Delete
NAME	GRIMES, JOSEPH	
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY #101	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	☒ Delete
NAME	MCMURRAY, DARIN	
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY #101	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	☒ Delete
NAME	BURNS, ALAN R	
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY #101	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☐ Change ☒ Addition
NAME	Pamela Keenan	
STREET ADDRESS	8086 Queen Palm Lane #338	
CITY-ST-ZIP	Ft Myers FL 33912	
TITLE	VPD	☐ Change ☒ Addition
NAME	Zozo Younger	
STREET ADDRESS	8086 Queen Palm Lane # 346	
CITY-ST-ZIP	Ft Myers FL 33912	
TITLE	STD	☐ Change ☒ Addition
NAME	G. Don Kinser	
STREET ADDRESS	8086 Queen Palm Lane # 336	
CITY-ST-ZIP	Ft Myers FL 33912	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. M. Lee REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 941-481-7150

Date

Daytime Phone #