2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N98000001202

SIGNATURE: (

1. Entity Name TERRACE III AT LAKESIDE GREENS ASSOCIATION, INC.



FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90199 005 ****61.25

							TIE!						
Principal Place of Business C/O HENKE PROP MGMT 6213-A PRESIDENTAL CT FORT MYERS, FL 33919			Mailing Address C/O HENKE PROP MGMT 6213-A PRESIDENTAL CT FORT MYERS, FL 33919					 	171H 771H 63HI 371F	 	:	J ii 3 1 11 15	
2. Principal P	lace of Busin	3. Mailing Address											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				03302005 C	hg-NP	CR2E0	37 (10/03)				
City & State			City & State					4. FEI Number Applied For 65-0825017 Not Applicable					
Zip Country			Zip Cour			ırıtry		Certificate of Status Desired				ditional	
	6 Name	Registered Agent			7. Name and Address of New Registered Agent								
6. Name and Address of Current Registered Agent						Name							
HENKE, CAROL J C/O HENKE PROPERTY MGMT INC. 6213-A PRESIDENTIAL CT					Street Address (P.O. Box Number is Not Acceptable)								
FORT MY	ERS, FL 3												
										Fl	Zip Cod	de	
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. I am familiar with, and accept the obligations of registered agent.													
-g													
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Filing Fee Is \$61.25 Due by May 1, 2005 9. Election Cam Trust Fund Co					. •	-		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State				
10.		OFFICERS AND DIR	ECTORS		11.	•••	,	ADDITIONS/CHANG	ES TO OFFICE	RS AND D	IRECTORS IN	V 10	
TITLE	PD			☐ Delete	TITU						☐ Change	Addition	
name Street address	HAMPTON, MICHAEL 8086 QUEEN PALM LANE #325 STR					e Et address							
CITY-ST-ZIP	FORT MYERS, FL 33912					-ST-ZIP							
TITLE	V\$D	<u>, </u>		Delete	TITL		V/D	·			☐ Change	Addition	
NAME				NAM									
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STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST- ZIP						Ì	
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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 unfuired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an articless, with all other like empowered.												r or director r Block 11 if	