2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N98000001202 03 MAY - 1 AM 10: 31 TERRACE III AT LAKESIDE GREENS ASSOCIATION, INC. SECRETARY OF STATE ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O HENKE PROP MGMT C/O HENKE PROP MGMT 6213-A PRESIDENTAL CT 6213-A PRESIDENTAL CT FORT MYERS FL 33919 FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0825017 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENKE, CAROL J Street Address (P.O. Box Number is Not Acceptable) C/O HENKE PROPERTY MGMT INC. **6213-A PRESIDENTIAL CT** FORT MYERS FL 33919 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Florida Department of State Added to Fees 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Change Addition TITLE ☐ Delete HAMPTON, MICHAEL NAME NAME 100017841141 8086 QUEEN PALM LANE 338 05/01/03--01071--014 **61.25 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-ZIP VPD Change TITLE ☐ Delete TITLE ☐ Addition QUINN, CARL NAME NAME 8086 QUEEN PALM LANE 346 STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT MYERS FL 33912 CITY-ST-ZIP TITLE Delete TITLE Change Addition KINGER, G D NAME NAME lounger, Steb 8'084 'Wisen Palm Lane " 346 8086 QUEEN PALM LANE 336 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT MYERS FL 33912 Fort Myers, FL 33912 TITLE ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 is 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF FIGNING OFFICER OR DIRECTOR

ichael G.

2. Hampton

981-7450 Daytime Phone # 1505 R2E037 (10/02)