

DOCUMENT # ~~N9800000195~~  
 1. Entity Name N99000007180  
TERRACE IV AT LAKESIDE GREENS  
ASSOCIATION, INC. ✓

FILED  
 00 JUL 17 AM 9:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 10060 Amberwood Road #4  
Fort Myers, FL 33913  
 Mailing Address 10060 Amberwood Rd #4  
Fort Myers, FL 33913

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE  
 07/17/00 90003 049 61.25  
 4. FEI Number 65-0945772 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
 Name Bob Geller  
 Street Address (P.O. Box Number is Not Acceptable)  
50 Gulf Coast Management Services  
10060 Amberwood Rd. # 4  
 City Fort Myers FL Zip Code 33913

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 Robert E. Geller Robert E. Geller 6/1/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE) Registered Agent signature required when reinstating. DATE

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<u>PD</u>	<input type="checkbox"/> Delete
NAME	<u>Steve Benson</u>	
STREET ADDRESS	<u>10491 Six Mile Cypress Pkwy</u>	
CITY-ST-ZIP	<u>Ft. Myers, FL 33912</u>	
TITLE	<u>VD</u>	<input type="checkbox"/> Delete
NAME	<u>Joseph Grimes</u>	
STREET ADDRESS	<u>10491 Six Mile Cypress Pkwy</u>	
CITY-ST-ZIP	<u>Ft. Myers, FL 33912</u>	
TITLE	<u>STD</u>	<input type="checkbox"/> Delete
NAME	<u>Alan Buras</u>	
STREET ADDRESS	<u>10491 Six Mile Cypress Pkwy</u>	
CITY-ST-ZIP	<u>Ft. Myers, FL 33912</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Steve Benson Steve Benson 6-2-00 (941) 561-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime phone #

7/24