

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90104 046 ****61.25

DOCUMENT # N99000007180

1. Entity Name

TERRACE IV AT LAKESIDE GREENS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10060 AMBERWOOD ROAD.. #4
 FORT MYERS FL 33913

10060 AMBERWOOD ROAD.. #4
 FORT MYERS FL 33913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0945772

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYDEN, KEN
GULF COAST MANAGEMENT SERVICES
10060 AMBERWOOD ROAD, SUITE #4
FORT MYERS FL 33913

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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TITLE	NAME	TITLE	NAME
	DP HAMMONS, LINDA 8076 QUEEN PALM #446 FORT MYERS FL 33912 <input checked="" type="checkbox"/> Delete		
	B BOWERS, RICHARD 8076 QUEEN PALM #428 FORT MYERS FL 33912 <input type="checkbox"/> Delete		STD
	B HACH, ROBERT 8076 QUEEN PALM #415 FORT MYERS FL 33912 <input type="checkbox"/> Delete		PD HACH, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D STEARNS, JAMES 8076 QUEEN PALM #415 FORT MYERS FL 33912 <input type="checkbox"/> Delete		
	D CALA RUSSO, JOSEPH 8076 QUEEN PALM #431 FORT MYERS FL 33912 <input type="checkbox"/> Delete		

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-21-02** Daytime Phone #

CR2E037 (9/01)