


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

0051562

DOCUMENT # N99000007180

1. Entity Name
TERRACE IV AT LAKESIDE GREENS
ASSOCIATION INC.



FILED

03 MAY - 1 PH 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

| | | | |
|--|---------|--|---------|
| Principal Place of Business C/O HENKE PROPERTY MGT INC 6213-A PRESIDENTIAL CT FORT MYERS FL 33919 US | | Mailing Address C/O HENKE PROPERTY MGT INC 6213-A PRESIDENTIAL CT FORT MYERS FL 33919 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|---|
| 4. FEI Number <u>125-0945772</u> | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**HENKE, CAROL J
C/O HENKE PROPERTY MGT INC
6213 A PRESIDENTIAL CT
FORT MYERS FL 33919**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Carol J Henke DATE 239-481-7150
Signature, typed or printed name of registered agent and title if applicable. (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 Florida Department of State

| 10. OFFICERS AND DIRECTORS | | |
|--|---|---------------------------------|
| TITLE PD | NAME BOWERS, RICHARD | <input type="checkbox"/> Delete |
| STREET ADDRESS 8076 QUEEN PALM LANE #428 | CITY-ST-ZIP FORT MYERS FL 33912 | |
| TITLE VPD | NAME HACH, ROBERT | <input type="checkbox"/> Delete |
| STREET ADDRESS 8076 QUEEN PALM LANE #411 | CITY-ST-ZIP FORT MYERS FL 33912 | |
| TITLE S/T/D | NAME COLARUSSO, JOSEPH | <input type="checkbox"/> Delete |
| STREET ADDRESS 8076 QUEEN PALM LANE #431 | CITY-ST-ZIP FORT MYERS FL | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|-------------|---|
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | |
| 700017849937 | | |
| 05/01/03--01093--019 **61.25 | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Robert Hach DATE: April 21, 2003
Signature and typed or printed name of signing officer or director

239-481-7150

CR2E037 (10/02)