


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90019 026 ****61.25

DOCUMENT # N99000000194
 1. Entity Name
 CYPRESS TRACE RECREATION ASSOCIATION, INC.



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|---|---|
| Principal Place of Business TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LN, STE 49 FORT MYERS, FL 33907 | Mailing Address TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LN, STE 49 FORT MYERS, FL 33907 |
|---|---|

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05022005 No Chg-NP CR2E037 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 65-0894846 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 TROPICAL ISLES MANAGEMENT SERVICES, INC.
 12734 KENWOOD LANE, STE 49
 FORT MYERS, FL 33907

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

Filing Fee is \$61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD SPECTOR, GAIL 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VPD MCMURRAY, DARIN 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | STD BURNS, ALAN 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | ASM REDDING, DON 12734 KENWOOD LN #49 FORT MYERS, FL 33907 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |

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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 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: D. Redding Don Redding 5/1/05 (255) 535-2595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #