


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 31, 2006 8:00 am**  
**Secretary of State**

08-31-2006 90003 041 \*\*\*\*61.25

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



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**



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

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

08282006 Chg-NP CR2E037 (4/06)

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

4. FEI Number  
**65-0894846** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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	<input checked="" type="checkbox"/> Delete
NAME	SPECTOR, GAIL	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MCMURRAY, DARIN	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BURNS, ALAN	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE	ASM	<input type="checkbox"/> Delete
NAME	REDDING, DON	
STREET ADDRESS	12734 KENWOOD LN #49	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Lawrence	
STREET ADDRESS	Po Box 110544	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Al Altier	
STREET ADDRESS	2700 Cypress Trace Cir # 3112	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Hine	
STREET ADDRESS	4567 Merganser Ct.	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Capler	
STREET ADDRESS	2760 Cypress Trace Cir. #2511	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Baker	
STREET ADDRESS	251 Trumpet Dr.	
CITY-ST-ZIP	Dayton, OH 45449	
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 exemptions contained in Chapter 119, 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: Don Redding 8/29/06 (239) 939-2595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #