

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90129 027 \*\*\*\*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

40040340



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02142007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0894846	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LANE, STE 49 FORT MYERS, FL 33907			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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LAWRENCE, THOMAS			NAME	Arthur M Paulson		
STREET ADDRESS	PO BOX 110544			STREET ADDRESS	2915 Cypress trace 101		
CITY-ST-ZIP	NAPLES, FL 34108			CITY-ST-ZIP	Naples, FL 34119		
TITLE	VOCE President	<input type="checkbox"/> Delete		TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALTIER, AL			NAME	MUCCIAZONE, JOSEPH		
STREET ADDRESS	2700 CYPRESS TREE CIR SUITE 3112			STREET ADDRESS	2910 CYPRESS TRACE, CA, #101		
CITY-ST-ZIP	NAPLES, FL 34119			CITY-ST-ZIP	NAPLES, FL 34119		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HINE, GARY			NAME			
STREET ADDRESS	4567 MERGANGER CT			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34119			CITY-ST-ZIP			
TITLE	ASM	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REDDING, DON			NAME			
STREET ADDRESS	12734 KENWOOD LN #49			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33907			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAPELERR, JOHN			NAME			
STREET ADDRESS	2760 CYPRESS TREE CIR SUITE 2511			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34119			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER, WILLIAM			NAME			
STREET ADDRESS	251 TRUMPET DR			STREET ADDRESS			
CITY-ST-ZIP	DAYTON, OH 45449			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: *[Signature]* DATE: 2/23/07