


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2008 8:00 am
Secretary of State

06-13-2008 90002 008 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of Now 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 _____			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
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	PAULINE, ARTHUR M	NAME	CARMELLA MIDDILLA
STREET ADDRESS	2915 CYPRESS TRACE 101	STREET ADDRESS	2820 Cypress Trace Circle #2014
CITY-ST-ZIP	NAPLES, FL 34119	CITY-ST-ZIP	NAPLES, FL 34119
TITLE	V <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALTIER, AL <i>See page 2</i>	NAME	PAUL RUBINO
STREET ADDRESS	2700 CYPRESS TREE CIR SUITE 3112	STREET ADDRESS	184 Shetland Drive
CITY-ST-ZIP	NAPLES, FL 34119	CITY-ST-ZIP	Williamsville, NY 14221
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUCCIARONE, JOSEPH <i>on page 2</i>	NAME	Desmond HEARY
STREET ADDRESS	2910 CYPRESS TRACE CR, #101	STREET ADDRESS	40 CAPTAIN Sharkey Drive
CITY-ST-ZIP	NAPLES, FL 34119	CITY-ST-ZIP	GAINESVILLE, NY 10923
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAPELESS, CAPELERR, JOHN <i>on page 2</i>	NAME	AUSSIE RUSSO
STREET ADDRESS	2760 CYPRESS TREE CIR SUITE 2511	STREET ADDRESS	1561 Biscayne Way
CITY-ST-ZIP	NAPLES, FL 34119	CITY-ST-ZIP	MARCO Island, FL 34145
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, WILLIAM <i>See page 2</i>	NAME	Gretchen Peterson
STREET ADDRESS	251 TRUMPET DR <i>6754 Rosezitha Lane</i>	STREET ADDRESS	2885 Cypress Trace Circle #101
CITY-ST-ZIP	DAYTON, OH 45440 <i>45459</i>	CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norm VERNON <i>Add</i>	NAME	Rod Middleton
STREET ADDRESS	7297 DARIEN Drive	STREET ADDRESS	7082 Villa Lantana Way
CITY-ST-ZIP	Hudson, OH 44236	CITY-ST-ZIP	NAPLES, FL 34108
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: <i>Joseph Mucciaroni</i>		<i>6/2/08</i> 239-593-4313 440-974-2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

05282008
6/10/08




05282008 Chg-NP CR2E037 (12/06)

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

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

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ATTACHMENT

DOCUMENT # N99000000194 1. Entity Name CYPRESS TRACE RECREATION ASSOCIATION, INC.			
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0894846		Applied For <input type="checkbox"/> 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		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULINE, ARTHUR M 2915 CYPRESS TRACE 101 NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tony Centolanza 70 COACH LAKE Newburgh, NY 12550 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALTIER, AL <i>see page 1</i> <input type="checkbox"/> Delete 2700 CYPRESS TREE CIR SUITE 3112 NAPLES, FL 34119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, SHERMAN 2915 CYPRESS TRACE CIR, #101 NAPLES, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUCCIARONE, JOSEPH <i>see page 1</i> <input type="checkbox"/> Delete 2910 CYPRESS TRACE CR, #101 NAPLES, FL 34119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Capekss, John <i>see page 1</i> <input type="checkbox"/> Delete CAPELLER, JOHN 2760 CYPRESS TREE CIR SUITE 2511 NAPLES, FL 34119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, WILLIAM <i>see page 1</i> <input type="checkbox"/> Delete 251 TRUMBET DR 6754 ROSEZITA, LN. DAYTON, OH 45449	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: <u>Joseph Mucciaroni</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>6/2/08</u> Daytime Phone #: <u>239-593-4313</u> <u>440-974-2004</u>	