

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000194

Entity Name: CYPRESS TRACE RECREATION ASSOCIATION, INC.

FILED
Apr 19, 2021
Secretary of State
3929254638CC

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR S. #215
NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR S. #215
NAPLES, FL 34104 US

FEI Number: 65-0894846

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESORT MANAGEMENT
C/O RESORT MANAGEMENT
2685 HORSESHOE DR S. #215
NAPLES, FL 34104 US

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.

SIGNATURE: ROBERT ROSENOW

04/19/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WILSON, LARRY
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S. #215
City-State-Zip: NAPLES FL 34104

Title VICE PRESIDENT
Name RICKETTS, BEVERLY
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S. #215
City-State-Zip: NAPLES FL 34104

Title SECRETARY
Name HELLE, JAMES
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S. #215
City-State-Zip: NAPLES FL 34104

Title TREASURER
Name WHITED, JOHN
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S. #215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name CHARLAND, MARCI
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S. #215
City-State-Zip: NAPLES FL 34104

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LARRY WILSON

PRESIDENT

04/19/2021

Electronic Signature of Signing Officer/Director Detail

Date