

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000194

FILED
Mar 31, 2015
Secretary of State
CC8842695110

Entity Name: CYPRESS TRACE RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN, STE 49
FORT MYERS, FL 33907

Current Mailing Address:

TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN, STE 49
FORT MYERS, FL 33907

FEI Number: 65-0894846

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LANE, STE 49
FORT MYERS, FL 33907 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name FRITZ, DAVE
Address TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN, STE 49
City-State-Zip: FORT MYERS FL 33907

Title D
Name MIDDLETON, ROD
Address TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN, STE 49
City-State-Zip: FORT MYERS FL 33907

Title SECRETARY/TREASURER
Name NELSON, DONNA
Address TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN, STE 49
City-State-Zip: FORT MYERS FL 33907

Title VP
Name NEARY, DES
Address TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN, STE 49
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name FRIEDMAN, SHERMAN
Address TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN, STE 49
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name CENTOLANZA, TONY
Address TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN, STE 49
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name MCTYGUE, FRANCIS
Address TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN, STE 49
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name BAKER, BILL
Address TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN, STE 49
City-State-Zip: FORT MYERS FL 33907

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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: DAVE FRITZ

PRESIDENT

03/31/2015

Officer/Director Detail Continued :

Title DIRECTOR
Name MASULLO, CARL
Address TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN, STE 49
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name BROUSSEAU, WAYNE
Address TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN, STE 49
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name LUPO, DOROTHY
Address 12734 KENWOOD LANE
SUITE 49
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name KENNY, BARBARA
Address TROPICAL ISLES MANAGEMENT
SERVICES, INC.
12734 KENWOOD LN, STE 49
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name CONDELUCCI BELL, KIM
Address 12734 KENWOOD LANE
SUITE 49
City-State-Zip: FORT MYERS FL 33907