

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 23, 2024
Secretary of State
7844670232CC

Entity Name: CYPRESS TRACE RECREATION ASSOCIATION, INC.

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

04/23/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

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

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

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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: JUDITH COGAN

DIRECTOR

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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

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