

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000194

FILED
Mar 18, 2020
Secretary of State
4696439915CC

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 WILSON, LARRY
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 VICE PRESIDENT
Name RICKETTS, BEV
Address TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN, STE 49
City-State-Zip: FORT MYERS FL 33907

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

Title DIRECTOR
Name MONROE, CINDY
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

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

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

Continues on page 2

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

03/18/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 WHITED, JOHN
Address TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN, STE 49
City-State-Zip: FORT MYERS FL 33907

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

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

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

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