

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N99000000194

**Entity Name:** CYPRESS TRACE RECREATION ASSOCIATION, INC.

**FILED**  
**Jun 17, 2020**  
**Secretary of State**  
**9273474842CC**

**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**

**06/17/2020**

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

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

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

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

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

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

Title            DIRECTOR  
Name            RUBERTO, ANTONIO  
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: LARRY WILSON**

**PRESIDENT**

**06/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name VAGNOZZI, FIORE  
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 SARDELLA, 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