

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90201 049 ****61.25

DOCUMENT # N02000007998

1. Entity Name
CYPRESS TRACE GARDENS II ASSOCIATION, INC.



Tropical Isles
MANAGEMENT SERVICES, INC.
12734 Kenwood Lane, Suite 49
Fort Myers, Florida 33907

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MANAGEMENT SERVICES, INC.
12734 Kenwood Lane, Suite 49
Fort Myers, Florida 33907

24071011



Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302004	Chg-NP	CR2E037 (10/03)
City & State		City & State		4. FEI Number 22-3883164	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
SHIELDS, CHRISTOPHER J 1833 HENDRY ST FT. MYERS, FL 33901				 MANAGEMENT SERVICES, INC. 12734 Kenwood Lane, Suite 49 Fort Myers, Florida 33907 Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state or foreign jurisdiction, familiar with, and accept the obligations of registered agent.						
SIGNATURE				SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)		
DATE				DATE		

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECTOR, GAIL		NAME		
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY.		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33912		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMURRAY, DARIN		NAME		
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY.		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33912		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, ALAN R		NAME		
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY.		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33912		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/04 (235) 939-4559