

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-05-2004 90256 022 ****61.25

DOCUMENT # N03000000441

1. Entity Name
TERRACE I AT CYPRESS TRACE ASSOCIATION, INC.



Principal Place of Business
10481 SIX MILE CYPRESS PKWY.
FT. MYERS, FL 33912

Mailing Address
10481 SIX MILE CYPRESS PKWY.
FT. MYERS, FL 33912

2. Principal Place of Business

TROPICAL ISLES MANAGEMENT
12734 Kenwood Ln., #49
Ft. Myers, FL 33907

TROPICAL ISLES MANAGEMENT
12734 Kenwood Ln., #49
Ft. Myers, FL 33907

04302004 Chg-NP CR2E037 (10/03)

1. FEI Number **56-2317331** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~SHIELDS, CHRISTOPHER J~~
~~1833 HENRY STREET~~
~~FORT MYERS, FL 33901~~

7. Name and Address of New Registered Agent

TROPICAL ISLES MANAGEMENT
12734 Kenwood Ln., #49
Ft. Myers, FL 33907

L 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 of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PD ☒ Delete
NAME SPECTOR, GAIL
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY.
CITY-ST-ZIP FT. MYERS, FL 33912

TITLE VD ☒ Delete
NAME MCMURRAY, DARIN
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY.
CITY-ST-ZIP FT. MYERS, FL 33912

TITLE STD ☒ Delete
NAME BURNS, ALAN R
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY.
CITY-ST-ZIP FT. MYERS, FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D-P ☐ Change ☒ Addition
NAME Gary Hine
STREET ADDRESS 2690 Cypress Trace Cir. # 3214
CITY-ST-ZIP Naples, FL 34119

TITLE D-VP ☐ Change ☒ Addition
NAME Mick Whitehill
STREET ADDRESS 4610 Shearwater Lane
CITY-ST-ZIP Naples, FL 34119

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #

4/29/04 (239) 939-2889