

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001868

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** TERRACE II AT CYPRESS TRACE ASSOCIATION, INC.

**Current Principal Place of Business:**

12734 KENWOOD LANE, STE 49  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12734 KENWOOD LANE, STE 49  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 65-1179787

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LANE, STE 49  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ALTIER, AL  
**Address:** 2700 CYPRESS TRACE CIR #3112  
**City-St-Zip:** NAPLES, FL 34119

**Title:** VP  
**Name:** DE LUCA, RICH  
**Address:** 2700 CYPRESS TRACE CIRCLE APT 3124  
**City-St-Zip:** NAPLES, FL 34119

**Title:** ST  
**Name:** HINE, GARY  
**Address:** 2700 CYPRESS TRACE CIR, UNIT 3122  
**City-St-Zip:** NAPLES, FL 34119

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:** JEANNIE NESPOLI

CAM

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date