2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90256 011 ****61.25

DOCUMENT # N03000001979

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

44044790

Principal Place of Business	Mailing Address
10481 ~~SIX MILE CYPRESS~~ PKWY FT MYERS, ~~FL~~ 33912	10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912

04302004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
12734 Kenwood Ln.	12734 Kenwood Ln.
Suite, Apt. #, etc. Ste 49	Suite, Apt. #, etc. Ste 49
City & State Ft. Myers, FL	City & State Ft. Myers, FL
Zip 33907 Country	Zip 33907 Country

4. FEI Number 56-2339222 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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	Name Tropical Isles Management Street Address (P.O. Box Number is Not Acceptable) 12734 Kenwood Ln. Ste 49 City Ft. Myers **FL** Zip Code 33907

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 Don Rodding 4/29/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SPECTOR, GAIL 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCMURRAY, DARIN 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BURNS, ALAN R 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Don Rodding 4/29/04 (239) 935-2791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #