

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001979

FILED
Apr 13, 2009
Secretary of State

Entity Name: CYPRESS TRACE GARDENS III ASSOCIATION, INC.

Current Principal Place of Business:

TROPICAL ISLES MGMT
12734 KENWOOD LANE 49
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

TROPICAL ISLES MGMT
12734 KENWOOD LANE 49
FORT MYERS, FL 33907

New Mailing Address:

TROPICAL ISLES MGMT
12734 KENWOOD LANE 49
FORT MYERS, FL 33907

FEI Number: 56-2339222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLER MANAGEMENT
12734 KENWOOD LN.
SUITE 49
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN.
SUITE 49
FORT MYERS, FL 33907 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: D. ROEDDING

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIDDLETON, ROD
Address: 7082 VILLA LANTANA WAY
City-St-Zip: NAPLES, FL 34108

Title: VPD () Delete
Name: HOFFER, DAVID
Address: 5079 NOBLES POND DR
City-St-Zip: CANTON, OH 44718

Title: STD (X) Delete
Name: WAGNER, GERALYN
Address: 2825 CYPRESS TRACE CIR #203
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: MC GILL, SEAN
Address: 2835 CYPRESS TRACE CIRCLE #103
City-St-Zip: NAPLES, FL 34119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEANNIE NESPOLI

CAM

04/13/2009

Electronic Signature of Signing Officer or Director

Date