

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90107 002 ****61.25

DOCUMENT # N27627

1. Corporation Name

CYPRESS TRACE SHOPPING CENTER PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

3613 W WATERS AVE
TAMPA FL 33614
US

Mailing Address

300 VILLAGE GREEN CIR
STE 200
SMYRNA GA 30080
US



2. Principal Place of Business

13300 S. Cleveland Ave

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33907

Country

USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

30

3. Date Incorporated or Qualified

07/27/1988

4. FEI Number

37-6002057

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SANDBERG, BOB
3613 W WATERS AVE
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

John Stahl, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

1541 N. Dale Mabry Highway

83 Suite 201

84 City Lutz

FL

85 Zip Code

33549

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

John Stahl, Jr.

Director of Property Mgt

3-29-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME POYER, WILL
STREET ADDRESS 458 8TH STREET NORTH
CITY-ST-ZIP NAPLES FL 33940

TITLE ☐ DELETE

NAME CHIARIELLO, GUY
STREET ADDRESS 1201 N. CLARK ST., STE. 300
CITY-ST-ZIP CHICAGO IL 60610

TITLE ☐ DELETE

NAME SORET, MANI
STREET ADDRESS 28145 S. TAMiami TRAIL
CITY-ST-ZIP BONITA SPRINGS FL

TITLE ☐ DELETE

NAME ZARDETTO, GIACOMO
STREET ADDRESS 15600 FIDDLESTICKS BLVD.
CITY-ST-ZIP FT. MYERS FL 33912

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GUY CHIARIELLO

4/1/99

(312) 335-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)