

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N930000064936		
1. Entity Name CYPRESS TRACE NEIGHBORS, INC.		

Principal Place of Business P.O. BOX 411121 MELBOURNE FL 32941-1121 US	Mailing Address P.O. BOX 411121 MELBOURNE FL 32941-1121 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E037 (11/03)

4. FEI Number 59-3212621	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GORDON, WILLIAM 1141 CYPRESS TRACE DRIVE MELBOURNE FL 32940
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7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GORDON, WILLIAM 1141 CYPRESS TRACE DRIVE MELBOURNE FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NOBLIN, ALICE 1343 CYPRESS TRACE DRIVE MELBOURNE FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GOODNOW, CAROL 1470 CYPRESS TRACE DRIVE MELBOURNE FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ADAMS, ROBERT 1100 CYPRESS TRACE DR MELBOURNE FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ADAMS, ADELAIDE 1100 CYPRESS TRACE DRIVE MELBOURNE FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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: <i>Alice M. Noblin</i>	<i>Alice M. Noblin, Treasurer</i>	<i>2-20-04</i>	<i>321-757-8580</i>
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