



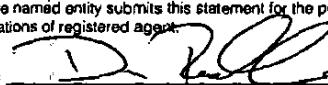
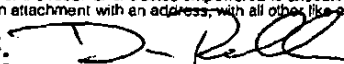


FILED  
Jul 09, 2004 8:00 am  
Secretary of State

05-05-2004 90201 044 \*\*\*\*61.25

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # N99000000194</b>		
1. Entity Name CYPRESS TRACE RECREATION ASSOCIATION, INC.		
Principal Place of Business 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912		Mailing Address 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912
2. Principal Place of Business  MANAGEMENT SERVICES, INC. 12734 Kenwood Lane, Suite 49 Fort Myers, Florida 33907		3. Mailing Address  MANAGEMENT SERVICES, INC. 12734 Kenwood Lane, Suite 49 Fort Myers, Florida 33907
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J. 1833 HENDRY STREET FT MYERS, FL 33902		7. Name and Address of New Registered Agent  MANAGEMENT SERVICES, INC. 12734 Kenwood Lane, Suite 49 Fort Myers, Florida 33907 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:  DATE: 4/29/04 (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCMURRAY, DARIN 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURNS, ALAN 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ASM Don Reedding 12734 Kenwood Ln. #49 Ft. Myers, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: 4/29/04 (239) 539-2155 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		