## FILED Jul 09, 2004 8:00 am Secretary of State 05-05-2004 90201 044 \*\*\*\*61.25

| DOCUMENT # N9900000194  1. Entity Name CYPRESS TRACE RECREATION ASSOCIATION, INC.  |   |  |   |                             |                              |   |  |
|--|---|--|---|-----------------------------|------------------------------|---|--|
| 10481 SIX-MILE CYPRESS PKWY 10481 SIX  |   | Mailing Address<br>10481 SIX MILE OPRESS<br>FT MYERS, FL 33912 | SIX MILE DIPRESS PKWY                                     |                             | 66429711                     |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address   |   |                             |                              |   |  |
| Propical Isles   |   | Propical Isles   |   | 04302004 Chi                | )-NP CR2E037 (10             | V(03)   |  |
| MANAGEMENT SERVICES, INC.<br>12734 Kenwood Lane, Suite 49  |   | MANAGEMENT SERVICES, INC.<br>12734 Kenwood Lane, Suite 49      |   | 4. FEI Number<br>65-0894846 |                              | Applied For                                   |  |
| Fort Myers, Florida 33907  |   | Fort Myers, Florida 33907 -                                    |   | 5. Certificate of State     | us Desired [7] \$8.7         | Not Applicable  <br>75 Additional<br>lequired |  |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Benistered Agent  |   |  |   |                             |                              |   |  |
| SHIELDS CHRISTOPHER J  |   |  |   |                             |                              |   |  |
| 1833 HEN   | IDPAL STREET  | •  | Street Adi  |                             |                              |   |  |
| FT MYERS, FL 33902   |   |  | MANAGEMENT SERVICES, INC.<br>12734 Kenwood Lane, Sulte 49 |                             |                              |   |  |
| City 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.  |   |  |   |                             |                              |   |  |
| D. Paddis Y/29/av  |   |  |   |                             |                              |   |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature decired whom reinstasted)  DATE  |   |  |   |                             |                              |   |  |
| Filling Fee is \$61.25  9. Election Campaign Financing \$5.00 May Be Due by May 1, 2004  7 rust Fund Contribution.  Added to Fees  Florida Department of State   |   |  |   |                             |                              |   |  |
| 10.  | OFFICERS AND DIF  | RECTORS  | 11.   |                             | S TO OFFICERS AND DIRECT     | ORS IN 10                                     |  |
| TITLE  | PO I  | ☐ Delete   | TITLE<br>NAME   |                             |                              | hangs Addition                                |  |
| STREET ADDRESS   | NAME SPECTOR, GAIL STREET ADDRESS 10481 SIX MILE CYPRESS PKWY |  |   |                             |                              | ļ   |  |
| CITY-ST-ZIP  | FT MYERS, FL 33912  |  | CITY-ST-ZIP   |                             |                              |   |  |
| INTLE NAME   | VPD   | ☐ Delete   | TITLE<br>NAME   |                             |                              | Change  |  |
| STREET ADDRESS   | 10481 SIX MILE CYPRESS PKW                                    | ~  | STREET ADDRESS  |                             |                              | . }   |  |
| TITLE  | FT MYERS, FL 33912  | Поли   | CITY-S1-ZIP   |                             |                              | Change  |  |
| NAME   | BURNS, ALAN   | C Delete   | TITLE<br>NAME   |                             | Δ,                           | Change 🗍 Addition                             |  |
| STREET ADDRESS   | 10481 SIX MILE CYPRESS PKW<br>FT MYERS, FL 33912              | Υ  | STREET ADDRESS<br>CITY-ST-ZIP                             |                             |                              |   |  |
| TITLE  |   | Delete   | Title   |                             |                              | Change — 🗔 Addition -                         |  |
| NAME<br>STREET ADDRESS   | <b>)</b> .  |  | MAME  |                             | _                            |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |  | STREET ADDRESS CITY-ST-ZIP                                |                             |                              |   |  |
| TITLE  |   | Delete   | TITLE A   | 5/4                         | <u> </u>                     | Change Addition                               |  |
| NAME<br>STREET ADDRESS   | }   | •  | NAME D<br>STREET ADDRESS 12                               | on Keedda                   | 30d C. #45                   | į   |  |
| CITY-ST-ZIP  |   |  | CITY-ST-ZIP   | F. Myer, F                  | L 33507                      |   |  |
| TITLE  | <b>{</b>  | Defete   | TITLE .   | •                           |                              | Change Addition                               |  |
| STREET ADDRESS   |   |  | STREET ADDRESS  |                             |                              | }   |  |
| 12. I hereby   | certify that the information sumption with                    | this filling does not qualify for the                          | CITY-ST-ZIP   | Section 119 07/3Vi) Fin-    | ida Statues Therber continut | at the information                            |  |
| 12. I hereby certify that the information supplied with this filling 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 it made under each; 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 Roadding 1/25/04 (239) 535-21   |   |  |   |                             |                              |   |  |
| SIGNAT   | TURE DE L   |  | Don Ka  | eddu                        | 1/29/04 (239                 | 1275-5256                                     |  |