

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90019 026 \*\*\*\*61.25

**DOCUMENT # N99000000194**

1. Entity Name  
**CYPRESS TRACE RECREATION ASSOCIATION, INC.**



**Principal Place of Business**

**TROPICAL ISLES MANAGEMENT SERVICES, INC.  
12734 KENWOOD LN, STE 49  
FORT MYERS, FL 33907**

**Mailing Address**

**TROPICAL ISLES MANAGEMENT SERVICES, INC.  
12734 KENWOOD LN, STE 49  
FORT MYERS, FL 33907**

**50056961**



05022005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0894846**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TROPICAL ISLES MANAGEMENT SERVICES, INC.  
12734 KENWOOD LANE, STE 49  
FORT MYERS, FL 33907**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SPECTOR, GAIL  
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY  
CITY-ST-ZIP FT MYERS, FL 33912

TITLE VPD  
NAME MCMURRAY, DARIN  
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY  
CITY-ST-ZIP FT MYERS, FL 33912

TITLE STD  
NAME BURNS, ALAN  
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY  
CITY-ST-ZIP FT MYERS, FL 33912

TITLE ASM  
NAME REDDING, DON  
STREET ADDRESS 12734 KENWOOD LN #49  
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #