2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N990000001941. Entity Name

SIGNATURE:



FILED Aug 31, 2006 8:00 am Secretary of State

08-31-2006 90003 041 ****61.25

CYPRES	S TRACE RECREATION A	SSOCIA	ATION, INC.						
TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LN, STE 49		TROF 1273	Mailing Address TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LN, STE 49 FORT MYERS, FL 33907) (67)((64 B) (6 FF) (6		TIII Ba iii Caia l II aia (B iii 1	(B) B)
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				08282006 Ch	ng-NP	CR2E037 (4/06)	
City & State	late		City & State			4. FEI Number 65-0894846		├ ──	pplied For
Zip	Country	Zip		Country		5. Certificate of Sta	atus Desired	\$8.75 Ac Fee Requir	iditional
	6. Name and Address of Current	Registere	d Agent			7. Name and Add	ress of New Reg	istered Agent	
TROPICAL IOLEG MANAGEMENT GERV			Name						
TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LANE, STE 49 FORT MYERS, FL 33907			NG.	Street A	ddress (P	O. Box Number is N	Not Acceptable)		
				City				FL Zip Co	de
9. The above	named entity submits this statement for	e the even	one of changing its	recietared office o	. rociotoro	ed apont or both in	the State of Florid		and accord
	ions of registered agent.	a me burb	ose or changing its r	eftizitisan niinca n	registere	cu agent, or both, in	the State of Florid	a. Tam familiai witi	, апо ассері
SIGNATURE .	Signature, typed or pnnled name of registered agent	and title if app	licable. (NOTE:	Registered Agent signat	ture required v	when reinstating)		DATE	
Filing Fee is \$61.25 9. Election Camp Due by September 6, 2006 Trust Fund Cor					\$5.00 May Be Added to Fees		e check payable Department of		
10.	OFFICERS AND DI	RECTORS		11.	A	DDITIONS/CHANGE	ES TO OFFICERS	AND DIRECTORS I	N 10
TITLE	PD		Delete	TITLE	\overline{A}			Change	Addition
NAME	SPECTOR, GAIL			NAME		Mar La			
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY CITY-ST-ZIP FT MYERS, FL 33912				STREET ADORESS CITY-ST-ZIP	Nab	B.x 110549 ler FL	1 34108		
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8/29/06

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(239) 939-2999

Daytime Phone #