

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90129 027 ****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**

40043340



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142007

Chg-NP

CR2E037 (12/06)

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**

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

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **LAWRENCE, THOMAS**
CITY-ST-ZIP **PO BOX 110544
NAPLES, FL 34108**

TITLE ☐ Delete
NAME **VOCE President**
STREET ADDRESS **ALTIER, AL**
CITY-ST-ZIP **2700 CYPRESS TREE CIR SUITE 3112
NAPLES, FL 34119**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HINE, GARY**
CITY-ST-ZIP **4567 MERGANGER CT
NAPLES, FL 34119**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CAPELETT, JOHN**
CITY-ST-ZIP **2760 CYPRESS TREE CIR SUITE 2511
NAPLES, FL 34119**

TITLE ☐ Delete
NAME **D T**
STREET ADDRESS **BAKER, WILLIAM**
CITY-ST-ZIP **251 TRUMPET DR
DAYTON, OH 45449**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Arthur M Pauline**
STREET ADDRESS **2915 Cypress trace 101**
CITY-ST-ZIP **Naples, FL 34119**

TITLE ☐ Change ☒ Addition
NAME **President**
STREET ADDRESS **MUCCIANONE, JOSEPH**
CITY-ST-ZIP **2910 CYPRESS TRACE CIR, #101
NAPLES, FL 34119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/23/07

Date

Daytime Phone #