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**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 13, 2008 8:00 am
Secretary of State

06-13-2008 90002 008 ****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
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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

0370
6/10/08



05282008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0894846	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by September 12, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULINE, ARTHUR M 2915 CYPRESS TRACE 101 NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMELLA MIADELLA 2820 Cypress Trace Circle NAPLES, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALTIER, AL 2700 CYPRESS TREE CIR SUITE 3112 NAPLES, FL 34119 <input type="checkbox"/> Delete <i>See page 2</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL RUBINO 184 Shetland Drive Williamsville, NY 14221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUCCIARONE, JOSEPH 2910 CYPRESS TRACE CR, #101 NAPLES, FL 34119 <input type="checkbox"/> Delete <i>on page 2</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Desmond NEARY 40 CAPTAIN Sharkey Drive GAINESVILLE, NY 10923 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPELESS, JOHN 2760 CYPRESS TREE CIR SUITE 2511 NAPLES, FL 34119 <input type="checkbox"/> Delete <i>on page 2</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aussie Russo 1561 Biscayne Way MARCO Island, FL 34145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, WILLIAM 251 TRUMPET DR DAYTON, OH 45440 <i>See page 2</i> <input type="checkbox"/> Delete <i>6754 Rosezita Lane 45459</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gretchen Peterson 2885 Cypress Trace Circle NAPLES, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norm VERNON 7297 DARIEN Drive HUDSON, OH 44236 <input type="checkbox"/> Delete <i>Add</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rod Middleton 7082 Villa Lantana Way NAPLES, FL 34108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition


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: <i>Joseph Mucciaroni</i>	6/2/08	239-593-4313 440-974-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

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ATTACHMENT

DOCUMENT # N99000000194					
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05292008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0894846	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LANE, STE 49 FORT MYERS, FL 33907			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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	D PAULINE, ARTHUR M 2915 CYPRESS TRACE 101 NAPLES, FL 34119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tony Centolanza 70 COACH LANE Newburgh, NY 12550	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALTIER, AL 2700 CYPRESS TREE CIR SUITE 3112 NAPLES, FL 34119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDMAN, SHERMAN 2915 CYPRESS TRACE CIR, #101 NAPLES, FL 34119	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUCCIARONE, JOSEPH 2910 CYPRESS TRACE CR, #101 NAPLES, FL 34119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPEKISS, JOHN 2760 CYPRESS TREE CIR SUITE 2511 NAPLES, FL 34119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, WILLIAM 251 TRUMBET DR DAYTON, OH 45449		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete				
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	
	<input type="checkbox"/> Delete				
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 6/2/08 Daytime Phone #: 239-593-4313 / 440-974-2004		

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