

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000194

FILED
Feb 21, 2012
Secretary of State

Entity Name: CYPRESS TRACE RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0894846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: FRITZ, DAVE
Address: 2710 CYPRESS TRACE CIRCLE #3023
City-St-Zip: NAPLES, FL 34119

Title: VP
Name: ALTIER, AL
Address: 2700 CYPRESS TREE CIRLE, UNIT 3112
City-St-Zip: NAPLES, FL 34119

Title: STD
Name: CAPELESS, JOHN
Address: 2760 CYPRESS TRACE CIRCLE, UNIT #2511
City-St-Zip: NAPLES, FL 34119

Title: D
Name: MUCCIARONE, JOE
Address: 2910 CYPRESS TRACE CIRCLE, UNIT #101
City-St-Zip: NAPLES, FL 34119

Title: D
Name: MIDDLETON, ROD
Address: 2815 CYPRESS TRACE CIRCLE, UNIT #202
City-St-Zip: NAPLES, FL 34119

Title: D
Name: NELSON, DONNA
Address: 2750 CYPRESS TRACE CIR #2610
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEANNIE NESPOLI

CAM

02/21/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date