

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90027 037 ****61.25

DOCUMENT # N99000000195

1. Entity Name
CYPRESS TRACE I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
P&M Property Management
14360 S Tamiami Trail, unit B
Fort Myers, FL 33912

Mailing Address
P&M Property Management
14360 S Tamiami Trail, unit B
Fort Myers, FL 33912

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0894897

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
SAPP, PAUL L
P&M Property Management C.
14360 S Tamiami Trail, unit B
Fort Myers, FL 33912

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 Paul L Sapp DATE 3-13-07
(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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWRENCE, TOM 15660 SAN CARLOS BLVD 340 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FRIEDMAN, SHERMAN 15660 SAN CARLOS BLVD 340 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE STD NAME Friedman, Sherman STREET ADDRESS 14360 S. Tamiami Trail, Unit B CITY-ST-ZIP Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAULINE, ART 15660 SAN CARLOS BLVD 40 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE President NAME Pauline, ART STREET ADDRESS 14360 S. Tamiami Trail, Unit B CITY-ST-ZIP Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM LOWMAN, GLYNNIS 15660 SAN CARLOS BLVD 40 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE VP NAME Campbell, Tom STREET ADDRESS 14360 S. Tamiami Trail, Unit B CITY-ST-ZIP Fort Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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
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

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: Arthur M. Pauline - ARTHUR M. PAULINE 3/2/07 239 5136936
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)