2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # N9900001295 1. Entity Name CYPRESS TRACE II CONDOMINIUM ASSOCIATION, INC.							6 90175 00		.25	
Principal Place of Business C/O P & M PROPERTY MGMT 15660 SAN CARLOS BLDG 40 FT MYERS, FL 33908		Mailing Address C/O P & M PROPERTY MGMT 15660 SAN CARLOS BLDG 40 FT MYERS, FL 33908			4 (EDMIE) 838					
2. Principal Place of Business 3		3. Mailing Address			1 103111101 018					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052006	Chg-NP	CR2E	037 (11/05)		
City & State		City & State			4. FEI Numbe 65-0904				Applied For	
Zip	Country	Zip	Country		5. Certificate	of Status Desir	red 🔲	\$8.75 Ac	dditional	
	6. Name and Address of Current	Registered Agent	d Agent			7. Name and Address of New Registered Agent				
CADD DA	10.1		Name	-	=		•			
SAPP, PAUL L C/O P & M PROPERTY MGMT 15660 SAN CARLOS BLDG 40			Street Ad	ddress (P	.O. Box Numbe	r is Not Accep	otable)			
	S, FL 33908									
			City			•	F	Zip Co	đe	
	named entity submits this statement for	r the purpose of changing its re	egistered office or	registere	ed agent, or boti	n, in the State			, and accept	
SIGNATURE										
SIGNATURE :	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered Agent signatu	ure required w	when reinstating)		DATE			
SIGNATURE	Signature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees			ck payable		
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	_ ;	\$5.00 May Be		Make che Florida Depa	ck payable artment of \$	State	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing Intribution.	Dave	\$5.00 May Br Added to Fees DDITIONS/CHA Blick	NGES TO OF	Make che Florida Depa FICERS AND D	ck payable artment of S	State	
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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: Dant of Sagra Clynnis Low

239 481- 15-22 Date Daytime Phone