


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90175 004 ****61.25

DOCUMENT # N99000001295 1. Entity Name CYPRESS TRACE II CONDOMINIUM ASSOCIATION, INC.					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0904155	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SAPP, PAUL L C/O P & M PROPERTY MGMT 15660 SAN CARLOS BLDG 40 FT MYERS, FL 33908				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 _____ <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 May 1, 2006		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	DP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLIEK, DAVE		NAME	Dave Bliek	
STREET ADDRESS	15660 SAN CARLOS BLVD #40		STREET ADDRESS	15660 San Carlos Blvd. #40	
CITY-ST-ZIP	FT MYERS, FL 33908		CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISK, RODNEY		NAME	Joe Mucciarone	
STREET ADDRESS	15660 SAN CARLOS BLVD #40		STREET ADDRESS	15660 San Carlos Blvd #40	
CITY-ST-ZIP	FT MYERS, FL 33908		CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	DTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMICHAEL, CHARLES		NAME	Charles Carmichael	
STREET ADDRESS	15660 SAN CARLOS BLVD #40		STREET ADDRESS	15660 San Carlos Blvd. #40	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE		<input type="checkbox"/> Delete	TITLE	Asm	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Glynis Lowman	
STREET ADDRESS			STREET ADDRESS	15660 San Carlos Blvd. #40	
CITY-ST-ZIP			CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Glynis Lowman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/26/06 Daytime Phone # 239 481-1577		