

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001295

FILED  
Mar 05, 2010  
Secretary of State

**Entity Name:** CYPRESS TRACE II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O P & M PROPERTY MGMT  
14360 SO TAMIAMI TRAIL, UNIT B  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

C/O P & M PROPERTY MGMT  
14360 SO TAMIAMI TRAIL, UNIT B  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 65-0904155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAPP, PAUL L  
C/O P & M PROPERTY MGMT  
14360 SO TAMIAMI TRAIL, UNIT B  
FORT MYERS, FL 33912 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: VP  
Name: BLIEK, DAVE  
Address: 14360 S TAMIAMI TRAIL, UNIT B  
City-St-Zip: FORT MYERS, FL 33912

Title: P  
Name: MUCCIARONE, JOE  
Address: 14360 S TAMIAMI TRAIL, UNIT B  
City-St-Zip: FORT MYERS, FL 33912

Title: DTS  
Name: CARMICHAEL, CHARLES  
Address: 14360 S TAMIAMI TRAIL, UNIT B  
City-St-Zip: FORT MYERS, FL 33912

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: PAUL L SAPP

R/A

03/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date