

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90025 003 ****61.25

DOCUMENT # N99000001939

1. Entity Name
GRAND CYPRESS RECREATION ASSOCIATION, INC.



Principal Place of Business
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL 33907

Mailing Address
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL 33907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05112005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3564336

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIELDS, CHRISTOPHER J
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL 33907

Name *Tropical Isler Management*

Street Address (P.O. Box Number is Not Acceptable)

12734 Kenwood Ln. #49

City *Ft. Myer*

FL

Zip Code *33907*

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

[Signature]

Don Redding

5/1/05

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 September 7, 2005

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 PD
NAME SPECTOR, GAIL
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY
CITY-ST-ZIP FT MYERS, FL 33912 ☒ Delete

TITLE *D*
NAME *Ned Meers*
STREET ADDRESS *3385 Grand Cypress Dr. #101*
CITY-ST-ZIP *Naples, FL 34119* ☐ Change ☒ Addition

TITLE VPD
NAME MCMURRAY, DEAN
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY
CITY-ST-ZIP FT MYERS, FL 33912 ☒ Delete

TITLE *D*
NAME *David Shepherd*
STREET ADDRESS *3325 Grand Cypress Dr. #101*
CITY-ST-ZIP *Naples, FL 34119* ☐ Change ☒ Addition

TITLE STD
NAME BURNS, ALAN
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY
CITY-ST-ZIP FT MYERS, FL 33912 ☒ Delete

TITLE *D*
NAME *Connie O'Connor*
STREET ADDRESS *3485 Grand Cypress Dr. #102*
CITY-ST-ZIP *Naples, FL 34119* ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE *ASH*
NAME *Don Redding*
STREET ADDRESS *12734 Kenwood Ln. #49*
CITY-ST-ZIP *Ft. Myer, FL 33907* ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]

Don Redding

5/1/05

(235) 533-2595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone