

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007998

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

**FILED**  
**Mar 24, 2023**  
**Secretary of State**  
**4439223966CC**

**Current Principal Place of Business:**

C/O PARAMONT MANAGEMENT  
5629 STRAND BLVD. SUITE #412  
NAPLES, FL 34110

**Current Mailing Address:**

C/O PARAMONT MANAGEMENT  
5629 STRAND BLVD. SUITE #412  
NAPLES, FL 34110 US

**FEI Number: 22-3883164**

**Certificate of Status Desired: No**

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

PARAMONT PROPERTY MANAGEMENT  
C/O PARAMONT MANAGEMENT  
5629 STRAND BLVD. SUITE #412  
NAPLES, FL 34110 US

*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:** PARAMONT

**03/24/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	VP, TREASURER, SECRETARY
Name	NICORA, MICHAEL	Name	WENDT, PETER
Address	C/O PARAMONT MANAGEMENT 5629 STRAND BLVD. SUITE #412	Address	C/O PARAMONT MANAGEMENT 5629 STRAND BLVD. SUITE #412
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110

*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:** MICHAEL NICORA

**PRESIDENT**

**03/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date