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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765035 (1)

1. Corporation Name
CINNAMON COVE TERRACE CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business 11610 CARAVEL CIRCLE FT. MYERS FL 33908 US	Mailing Address C/O BENSON'S, INC. 12650 WHITEHALL DRIVE FT. MYERS FL 33907 US
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3. Date Incorporated or Qualified 09/16/1982		
4. FEI Number 59-2327461	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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9. Name and Address of Current Registered Agent

**BENSON, MARK R.
12650 WHITEHALL DRIVE
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FESSLER, HARVEY	
STREET ADDRESS	11610 CARAVEL CIRCLE, #104	
CITY-ST-ZIP	FT MYERS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARDNER, BRUCE	
STREET ADDRESS	11610 CARAVEL CIRCLE, #305	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DRAHEIM, CAROLYN	
STREET ADDRESS	11610 CARAVEL CIRCLE, #310	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHAMBERLAIN, ROBERT	
STREET ADDRESS	11610 CARAVEL CIR., #302	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARMODY, BERENICE	
STREET ADDRESS	11610 CARAVEL CIR., #202	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]*

CR2E037 (10/97)