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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90119 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765035

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/16/1982	4. FEI Number 59-2327461	Applied For Not Applicable
		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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BENSON, MARK R. 12650 WHITEHALL DRIVE FT. MYERS FL 33907				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FESSLER, HARVEY	1.2 NAME	Fessler, Harvey
STREET ADDRESS	11610 CARAVEL CIRCLE, #104	1.3 STREET ADDRESS	11610 caravel Cr #104
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	Fort Myers, FL 33908
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Rhoney, Patricia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, BRUCE	2.2 NAME	11610 Caravel Cr. #303
STREET ADDRESS	11610 CARAVEL CIRCLE, #305	2.3 STREET ADDRESS	Fort Myers, FL 33908
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAHEIM, CAROLYN	3.2 NAME	Draheim, Carolyn
STREET ADDRESS	11610 CARAVEL CIRCLE, #310	3.3 STREET ADDRESS	11610 Caravel CR #310
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	Fort Myers, FL 33908
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERLAIN, ROBERT	4.2 NAME	Chamberlain, Robert
STREET ADDRESS	11610 CARAVEL CIR., #302	4.3 STREET ADDRESS	11610 Caravel Cr #302
CITY-ST-ZIP	FORT MYERS FL	4.4 CITY-ST-ZIP	Fort Myers, FL 33908
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMODY, BERENICE	5.2 NAME	
STREET ADDRESS	11610 CARAVEL CIR., #202	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 2-17-99 941 454 1325
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0060055 CR2E037 (4/1/99)