

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 24, 2005
Secretary of State**

DOCUMENT# 765035

Entity Name: CINNAMON COVE TERRACE CONDOMINIUM I ASSOCIATION,INC.

Current Principal Place of Business:

11610 CARAVEL CIRCLE
FT. MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

C/O BENSON'S, INC.
12650 WHITEHALL DRIVE
FT. MYERS, FL 33907 US

New Mailing Address:

FEI Number: 59-2327461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENSON, MARK R.
12650 WHITEHALL DRIVE
FT. MYERS, FL 33907 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: PD () Delete
Name: RHONEY, PATRICIA
Address: 11610 CARAVEL CR #303
City-St-Zip: FORT MYERS, FL 33908

Title: TD () Delete
Name: WILSON, RICHARD
Address: 11610 CARAVEL CR #207
City-St-Zip: FT. MYERS, FL

Title: SD () Delete
Name: KAPUSANSKY, DIANE
Address: 11610 CARAVEL CR #304
City-St-Zip: FORT MYERS, FL 33908

Title: VD () Delete
Name: FESSLER, HARVEY
Address: 11610 CARAVEL CR #104
City-St-Zip: FORT MYERS, FL 33908

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: BOOKER, SHERRIL
Address: 11610 CARAVEL CR #206
City-St-Zip: FORT MYERS, FL 33908

Title: PD (X) Change () Addition
Name: WILSON, RICHARD
Address: 11610 CARAVEL CR #207
City-St-Zip: FT. MYERS, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GARDNER, BRUCE
Address: 11610 CARAVEL CR #305
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD WILSON

PRES

02/24/2005

Electronic Signature of Signing Officer or Director

Date