

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N18658** (7)  
1. Corporation Name  
**CINNAMON COVE VILLAS III CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**11650 CARAVEL CIRCLE  
FORT MYERS FL 33908**

3. Date Incorporated or Qualified **01/08/1987** 3a. Date of Last Report **02/20/1995**  
4. FEI Number **65-0013348** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**TOP MANAGEMENT  
16521 SAN CARLOS BOULEVARD, SUITE F  
FORT MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name **TOP MANAGEMENT OF SW FLORIDA INC**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**16681 MCGREGOR BLVD  
STE 207**  
83 City  
**FORT MYERS** 85 Zip Code **FL 33908**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
PD	BLACK, W RANDOLPH	11541 CARAWAY LANE #191	FORT MYERS FL	<input type="checkbox"/>
VPD	PRAINITO, FRANK J	11581 CARAWAY LANE #178	FORT MYERS FL	<input checked="" type="checkbox"/>
STD	HANNON, ROBERT C	11701 CARAWAY LANE	FORT MYERS FL	<input type="checkbox"/>
D	SWIHART, LEORA	11671 CARAWAY LANE	FORT MYERS FL	<input type="checkbox"/>
D	LISCIA, NICHOLAS	16510 GINGER LANE	FORT MYERS FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
VD	IRVING MCDONALD	11461 CARAVEL CIR #167	FORT MYERS FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	JERRY WHEELER	9340 RATTALEE LAKE ROAD	CLARKSTON MI 48348	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	ANGELO TIEZZI	11671 CARAWAY LANE #159	FORT MYERS FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	DIONNE, EDWARD	11421 CARAVEL CIR #150	FORT MYERS FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*W. Randolph Black, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96 941-466-3330

Date

Daytime Phone #

CR2E037 (12/95)