

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Aug 11 1997 8:00am  
Secretary of State

DOCUMENT # N18658 (7)

1. Corporation Name

CINNAMON COVE VILLAS III CONDOMINIUM ASSOCIATION  
INC.



Principal Place of Business

11650 CARAVEL CIRCLE  
FORT MYERS FL 33908

Mailing Address

11650 CARAVEL CIRCLE  
FORT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/08/1987

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0013348

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

24

Zip

Country

29

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOP MANAGEMENT OF SW FLORIDA INC  
16681 MCGREGOR BLVD  
STE 207  
FORT MYERS FL 33908

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BLACK, W RANDOLPH  
STREET ADDRESS 11541 CARAWAY LANE #191  
CITY-ST-ZIP FORT MYERS FL

1.1 TITLE ☐ Change ☒ Addition

TITLE VD ☐ DELETE

NAME IRVING McDONALD  
STREET ADDRESS 11461 CARAVEL CIR #187  
CITY-ST-ZIP FORT MYERS FL

1.2 NAME ☐ Change ☒ Addition

TITLE STD ☐ DELETE

NAME HANNON, ROBERT C  
STREET ADDRESS 11701 CARAWAY LANE  
CITY-ST-ZIP FORT MYERS FL

1.3 STREET ADDRESS ☐ Change ☒ Addition

TITLE D ☐ DELETE

NAME SWIHART, LEORA  
STREET ADDRESS 11671 CARAWAY LANE  
CITY-ST-ZIP FORT MYERS FL

1.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE D ☐ DELETE

NAME LISCIA, NICHOLAS  
STREET ADDRESS 16510 GINGER LANE  
CITY-ST-ZIP FORT MYERS FL

2.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME ANGELO RIEZZI  
STREET ADDRESS 11671 CARAWAY CIR #159  
CITY-ST-ZIP FORT MYERS F

2.2 NAME ☐ Change ☐ Addition

14. I do 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.

SIGNATURE

SIGNATURE REQUIRED

CR2E037 (4/97)