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Apr 29 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 # N12920 (7)
1. Corporation Name
**CINNAMON COVE TERRACE CONDOMINIUM III ASSOCIATIO
N, INC.**

Principal Place of Business
**11650 CARAVEL CIR
FT MYERS FL 33908**

Mailing Address
**16681 MCGREGOR BLVD
STE 207
FORT MYERS FL 33908
US**



2. Principal Place of Business
21 11300 CARAVEL CIRCLE
Suite, Apt. #, etc.
22
City & State
23 FORT MYERS FL
Zip
24 33908 Country
25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29 Country
30

3. Date Incorporated or Qualified
01/09/1986

4. FEI Number
65-0022822 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**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85 FL** **86 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	1.1 TITLE	PD
NAME	MEURER, JOHN JR.	1.2 NAME	MEURER, JOHN JR
STREET ADDRESS	16590 GINGER LANE, #249	1.3 STREET ADDRESS	11848 CARAVEL CIRCLE
CITY - ST - ZIP	FORT MYERS FL	1.4 CITY - ST - ZIP	FORT MYERS FL 33908
TITLE	VD	2.1 TITLE	
NAME	ROSS, BERNARD	2.2 NAME	
STREET ADDRESS	11300 CARAVEL CIR #208	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	
NAME	RIPCHIK, PAUL	3.2 NAME	
STREET ADDRESS	11300 CARAVEL CIR., #108	3.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	D
NAME	WESTERMAN, WILLIAM	4.2 NAME	WESTERMAN, WILLIAM
STREET ADDRESS	11250 CARAVEL CIR., #103	4.3 STREET ADDRESS	11250 CARAVEL CIR #303
CITY - ST - ZIP	FT. MYERS FL	4.4 CITY - ST - ZIP	FORT MYERS FL 33908
TITLE	SD	5.1 TITLE	
NAME	LANTZ, BETTY	5.2 NAME	
STREET ADDRESS	11220 CARAVEL CIR., #110	5.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 for on an attachment with an address.

SIGNATURE:

Paul J. Ripchik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAUL RIPCHIK
TREASURER

4-17-98 (941) 466-3330

Date

Daytime Phone # (941) 466-3330

CP2E037 (10/97)