

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 21, 1999 8:00 am  
Secretary of State

09-21-1999 90024 011 \*\*\*\*61.25

DOCUMENT # N18658

1. Corporation Name

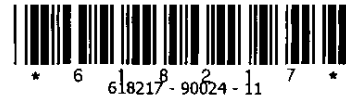
CINNAMON COVE VILLAS III CONDOMINIUM  
ASSOCIATION INC

Principal Place of Business

Mailing Address

11650 CARAVEL CIR  
FT MYERS FL 33908

C/O TOP MANAGEMENT  
16681 MCGREGOR BLVD STE 104  
FT MYERS FL 33908



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

JANUARY 8, 1987

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

26

27

City & State

28

Zip Country

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOP MANAGEMENT  
16681 MCGREGOR BLVD  
SUITE 104  
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

*Beatrice Dine CAM*

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

(NOTE: Registered Agent signature required when reinstating)

13 SEPT 99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TIEZZI, ANGELO	
1.3 STREET ADDRESS	11671 CARAWAY LN #159	
1.4 CITY-ST-ZIP	FORT MYERS FL 33908	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIONNE JR, EDWARD	
2.3 STREET ADDRESS	11421 CARAVEL CIR #150	
2.4 CITY-ST-ZIP	FORT MYERS FL 33908	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WHEELER, JERRY	
3.3 STREET ADDRESS	11461 CARAVEL CIR #165	
3.4 CITY-ST-ZIP	FORT MYERS FL 33908	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MCDONALD, IRVING	
4.3 STREET ADDRESS	11461 CARAVEL CIR #167	
4.4 CITY-ST-ZIP	FORT MYERS FL 33908	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BLACK, W. RANDOLPH	
5.3 STREET ADDRESS	11541 CARAWAY LN #191	
5.4 CITY-ST-ZIP	FORT MYERS FL 33908	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 SEPT 99 (941) 466-3330

Date

Daytime Phone #

CR2E037 (11/98)