

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90350 020 ****61.25

DOCUMENT # N18658

1. Entity Name
CINNAMON COVE VILLAS III CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
11650 CARAVEL CIRCLE
FORT MYERS, FL 33908

Mailing Address
C/O TOP MANAGEMENT
16681 MCGREGOR BLVD STE 104
FORT MYERS, FL 33908 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132006 Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0013348

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOP MANAGEMENT OF SW FL INC
16681 MCGREGOR BLVD
STE 104
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME SULLIVAN, EDITH ☐ Delete
STREET ADDRESS 11541 CARAWAY LN #190
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE PD
NAME BARETELA, SR, JOHN ☐ Delete
STREET ADDRESS 11631 CARAWAY LANE #170
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE VSD
NAME GREELEY, MICHAEL ☐ Delete
STREET ADDRESS 16500 GINGER LN #195
CITY-ST-ZIP FT. MYERS, FL 33908

TITLE D
NAME MACKENZIE PAUL ☒ Delete
STREET ADDRESS 11421 CARAVEL CIRCLE #145
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE TD
NAME WATTERUD, NORMA ☐ Delete
STREET ADDRESS 11461 CARAVEL LN #164
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME THIBEAULT, RICHARD ☐ Change ☒ Addition
STREET ADDRESS 11651 CARAVEL CIR #161
CITY-ST-ZIP FT MYERS FL 33908

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

4/18/06