2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N18658 1. Entity Name CINNAMON COVE VILLAS III CONDOMINIUM



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

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

ASSOCIA	ATION, 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			. 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132006 C	hg-NP CR2E037	7 (11/05)	
City & State		City & State		4. FEI Number 65-001334	 48		plied For t Applicable
Zip	Country	Żip	Country	5. Certificate of S	tatus Desired	8.75 Add	itional
	6. Name and Address of Current	Registered Agent		7. Name and Add	dress of New Registered A		
TOP MANAGEMENT OF SW FL INC			Name				
	GREGOR BLVD		Street Add	dress (P.O. Box Number is	Not Acceptable)		
STE 104	EDO EL MANO						
FURIMY	ERS, FL ୍ଟ୍ର3908		City		FL	Zip Code	9
	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its r	registered office or re	egistered agent, or both, in		miliar with,	and accept
inc obliga	tions of registered agent.						
SIGNATURE							
	Signature, typed or printed name of registered agent	and trile if applicable. (NOTE:	: Registered Agent aignature	required when reinstating)	QATE		
٠	Filling Fee Is \$61.25 Due by May 1, 2006	9. Election Carry Trust Fund Co	paign Financing	\$5.00 May Be	Make check Florida Depart		
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make check	ment of St	ate
	Filing Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND DIE	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Make check Florida Depart	ment of St	ate
10. TITLE NAME	Filing Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND DIE D SULLIVAN, EDITH	9. Election Carre Trust Fund Co	paign Financing ontribution. C	\$5.00 May Be Added to Fees	Make check Florida Depart	ment of St ECTORS IN	ate
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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 of 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 appearing with an appears in Block 10 or Block 11 if the province of the corporation of the corporation of the corporation of the receiver or trustee empowered. changed, or on an

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR