

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 01, 2008
Secretary of State

DOCUMENT# N12920

Entity Name: CINNAMON COVE TERRACE CONDOMINIUM III ASSOCIATION, INC.**Current Principal Place of Business:**11300 CARAVEL CIRCLE
FT MYERS, FL 33908 US**New Principal Place of Business:****Current Mailing Address:**C/O BENSON'S, INC.
12650 WHITEHALL DR
FORT MYERS, FL 33907**New Mailing Address:**C/O ALLIANT PROPERTY MANAGEMENT
6719 WINKLER RD STE 200
FORT MYERS, FL 33919**FEI Number:** 65-0022822**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VANDALL, BONITA D
12650 WHITEHALL DR
FORT MYERS, FL 33907 US**Name and Address of New Registered Agent:**ALLIANT PROPERTY MANAGEMENT
6719 WINKLER RD
STE 200
FORT MYERS, FL 33919 US

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.

SIGNATURE: MILLIE STROHM

12/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EXTON, EDWARD J
Address: 11300 CARAVEL CR #309
City-St-Zip: FORT MYERS, FL 33908

Title: SD () Delete
Name: WILHELM, HELEN
Address: 11250 CARAVEL CR #201
City-St-Zip: FORT MYERS, FL 33908

Title: VPD () Delete
Name: BERK, SALESSA
Address: 11250 CARAVEL CIR #107
City-St-Zip: FORT MYERS, FL 33908

Title: TD () Delete
Name: KLOPFENSTEIN, AL
Address: 11250 CARAVEL CIR 202
City-St-Zip: FT. MYERS, FL 33908

Title: D () Delete
Name: RUECKERT, EUGENE
Address: 11220 CARAVEL CIR 104
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN WILHELM

SD

12/01/2008

Electronic Signature of Signing Officer or Director

Date