

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18658

FILED  
Mar 21, 2012  
Secretary of State

**Entity Name:** CINNAMON COVE VILLAS III CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

11637 KELLY ROAD  
# 301  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

11637 KELLY ROAD  
#301  
FORT MYERS, FL 33908 US

**New Mailing Address:**

**FEI Number:** 65-0013348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRO-CAM OF SWFL  
11637 KELLY ROAD  
#301  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: SULLIVAN, EDITH  
Address: 11541 CARAWAY LN #190  
City-St-Zip: FORT MYERS, FL 33908

Title: PD  
Name: BARETELA, SR., JOHN  
Address: 11631 CARAWAY LANE #170  
City-St-Zip: FORT MYERS, FL 33908

Title: S/T  
Name: MCDONALD, MARGARET  
Address: 11461 CARAVEL CIRCLE #167  
City-St-Zip: FORT MYERS, FL 33908

Title: D  
Name: MEDLEY, ROBERT (TONY)  
Address: 11701 CARAWAY LANE #152  
City-St-Zip: FORT MYERS, FL 33908

Title: D  
Name: TAYLOR, DIANA  
Address: 11631 CARAWAY LANE #169  
City-St-Zip: FORT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: JOHN BARETELA

PRES

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date