


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90461 013 ****61.25

DOCUMENT # 765034		
1. Entity Name CINNAMON COVE MASTER ASSOCIATION, INC.		

Principal Place of Business 11650 CARAVEL CIRCLE FT. MYERS, FL 33908	Mailing Address 16681 MCGREGOR BLVD SUITE 104 FT. MEYERS, FL 33908 US
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40051604



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04082007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2303487	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
TOP MGMT. OF SW FLORIDA INC. 16681 MCGREGOR BLVD. STE. 104 FT. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHESTNUT, DONALD 11020 SPINNAKER WAY FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GENDREAU, DANIEL <input type="checkbox"/> Change <input type="checkbox"/> Addition 11140 CARAVEL CIR #104 FT MYERS FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LISTON, ROBERT <input type="checkbox"/> Delete 16755 CORIANDER LANE FORT MYERS, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERK, MARVIN <input type="checkbox"/> Change <input type="checkbox"/> Addition 2223 MOUONGANELO WHITE OAK PA 15131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GENDREAU, DANIEL <input checked="" type="checkbox"/> Delete 11140 CARAVEL CIR 104 FORT MYERS, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4/17/07** **239-466-3330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #