

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90025 021 ****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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2303487 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable | |
| 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GENDREAU, DANIEL | | NAME | PRESIDENT | |
| STREET ADDRESS | 44440 CARAVEL CR #104 | | STREET ADDRESS | 11291 Caravel Cr #71 | |
| CITY - ST - ZIP | FORT MYERS, FL 33908 | | CITY - ST - ZIP | FT MYERS FL 33908 | |
| TITLE | STD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LISTON, ROBERT | | NAME | | |
| STREET ADDRESS | 16755 CORIANDER LANE | | STREET ADDRESS | | |
| CITY - ST - ZIP | FORT MYERS, FL 33908 | | CITY - ST - ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BERK, MARVIN | | NAME | VP | |
| STREET ADDRESS | 2223 MOHONGANELO | | STREET ADDRESS | BARETELA, JOHN SR | |
| CITY - ST - ZIP | WHITE OAK, PA 15131 | | CITY - ST - ZIP | 11631 CARAVEL LN #170 | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | FT MYERS FL 33908 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | 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: <i>Robert Liston</i> | | | March 18, 2008 239-466-3330 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |