2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# 765034

Entity Name: CINNAMON COVE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

11650 CARAVEL CIRCLE
FT. MYERS, FL 33908

New Principal Place of Business:

11650 CARAVEL CIRCLE
FORT MYERS, FL 33908

Current Mailing Address:

16681 MCGREGOR BLVD
SUITE 104
FT. MEYERS, FL 33908 US

New Mailing Address:

16681 MCGREGOR BLVD
SUITE 104
FORT MYERS, FL 33908 US

FEI Number: 59-2303487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOP MGMT. OF SW FLORIDA INC.
16681 MCGREGOR BLVD.
STE. 104
FT. MYERS, FL 33908 US

Name and Address of New Registered Agent:

TOP MGMT. OF SW FLORIDA INC.
16681 MCGREGOR BLVD.
STE. 104
FORT MYERS, FL 33908 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: KRISTI ANNE VALENTINE 03/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHRAMEK, TED
Address: 11291 CARAVEL CR #71
City-St-Zip: FORT MYERS, FL 33908

Title: STD ( ) Delete
Name: LISTON, ROBERT
Address: 16755 CORIANDER LANE
City-St-Zip: FORT MYERS, FL 33908

Title: VP ( ) Delete
Name: BARETELA, JOHN SR
Address: 11631 CAVAWAY LN # 170
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROSS, JACK
Address: 11300 CARVEL CIRCLE #206
City-St-Zip: FORT MYERS, FL 33908

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: ROBERT LISTON STD 03/12/2009
Electronic Signature of Signing Officer or Director Date