

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765034

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** CINNAMON COVE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

11650 CARAVEL CIRCLE  
FORT MYERS, FL 33908

**New Principal Place of Business:**

C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
SANIBEL, FL 33957

**Current Mailing Address:**

PO BOX 100  
SANIBEL, FL 33957 US

**New Mailing Address:**

C/O ISLAND MANAGEMENT  
PO BOX 100  
SANIBEL, FL 33957 US

**FEI Number:** 59-2303487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACKESY, STEVEN  
711 TARPON BAY RD  
SANIBEL, FL 33957 US

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

MACKESY, STEVEN  
C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
SANIBEL, FL 33957 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: STEVEN MACKESY

04/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MELANDER, GENE  
Address: 11170 CARAVEL CIRCLE #9-102  
City-St-Zip: FORT MYERS, FL 33908

Title: STD  
Name: MAIKUT, MICHAEL  
Address: 16570 GINGER LANE #217  
City-St-Zip: FORT MYERS, FL 33908

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

Title: D  
Name: CARMICHAEL, CHRISTINE  
Address: 11901 CARAWAY LANE #103  
City-St-Zip: FORT MYERS, FL 33908

Title: D  
Name: CHESTNUT, BARBARA  
Address: 11620 SPINNAKER WAY  
City-St-Zip: FORT MYERS, FL 33908

Title: D  
Name: ZWART, JOHN  
Address: 16740 GINGER LANE #10  
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: GENE MELANDER

PD

04/19/2011

Electronic Signature of Signing Officer or Director

Date