

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90254 007 ****61.25

DOCUMENT # 765036

1. Entity Name
**CINNAMON COVE SINGLE FAMILY CONDOMINIUMS
ASSOCIATION, INC.**



Principal Place of Business
**C/O COASTAL ASSOC. MGMT.
11595 KELLY RD., #309
FORT MYERS, FL 33908 US**

Mailing Address
**C/O COASTAL ASSOC. MGMT.
11595 KELLY RD., #309
FORT MYERS, FL 33908 US**

DO NOT WRITE IN THIS SPACE

04212005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2264366

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**O'NEILL, ARLENE
C/O COASTAL ASSOC. MGMT. OF LEE CTY, INC.
11595 KELLY RD., STE. 309
FORT MYERS, FL 33908**

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IN THIS SPACE**

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

Arlene O'Neill
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KRIEGER, HELEN
16901 GINGER LANE
FT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTD
COOK, GEORGE
11801 CARAVEL CIR.
FT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
COOPER, RAY
11832 CARAVEL CIRCLE
FT. MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARGIGLIANO, ANNE
11951 CARAVEL CIRCLE
FT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHIARCHIARO, WILLIAM
11840 CARAVEL CIRCLE
FORT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Helen Krieger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/05 *239-466-6490*