

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90008 015 \*\*\*\*61.25

<b>DOCUMENT # 765036</b> 1. Entity Name <b>CINNAMON COVE SINGLE FAMILY CONDOMINIUMS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O COASTAL ASSOC. MGMT. 11595 KELLY RD., #309 FORT MYERS, FL 33908 US</b>				Mailing Address <b>C/O COASTAL ASSOC. MGMT. 11595 KELLY RD., #309 FORT MYERS, FL 33908 US</b>	
2. Principal Place of Business <b>C/O TOP MANAGEMENT</b>		3. Mailing Address <b>TOP MANAGEMENT</b>			
Suite, Apt. #, etc. <b>16681 MC GREGOR RD</b>		Suite, Apt. #, etc. <b>16681 MC GREGOR RD</b>		07112006 Chg-NP CR2E037 (4/06)	
City & State <b>FT MYERS</b>		City & State <b>FT MYERS</b>		4. FEI Number <b>59-2264366</b>	
Zip <b>33908</b>		Country <b>Lee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>O'NEILL, ARLENE C/O COASTAL ASSOC. MGMT. OF LEE CTY, INC. 11595 KELLY RD., STE. 309 FORT MYERS, FL 33908</b>				7. Name and Address of New Registered Agent Name <b>TOP MANAGEMENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>16681 MC GREGOR BLVD #104</b> City <b>FT MYERS</b> <b>FL</b> Zip Code <b>33908</b>	
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 <u><i>Mona J. Alton</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>7-20-06</u>	
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRIEGER, HELEN 16901 GINGER LANE FT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD COOK, GEORGE 11801 CARAVEL CIR. FT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOPER, RAY 11832 CARAVEL CIRCLE FT. MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARGIGLIANO, ANNE 11951 CARAVEL CIRCLE FT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIARCHIARO, WILLIAM 11840 CARAVEL CIRCLE FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
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: <u><i>Helen Krieger</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	