


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90073 014 ****61.25

DOCUMENT # 765036 1. Entity Name CINNAMON COVE SINGLE FAMILY CONDOMINIUMS ASSOCIATION, INC.					
Principal Place of Business C/O TOP MANAGEMENT 16681 MCGREGOR 104 FORT MYERS, FL 33908 US			Mailing Address C/O TOP MANAGEMENT 16681 MCGREGOR 104 FORT MYERS, 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		4. FEI Number 59-2264366	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TOP MANAGEMENT 16681 MCGREGOR BLVD. SUITE 104 FORT MYERS, FL 33908				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2007		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRIEGER, HELEN	NAME			
STREET ADDRESS	16901 GINGER LANE	STREET ADDRESS			
CITY-ST-ZIP	FT MYERS, FL 33908	CITY-ST-ZIP			
TITLE	VPTD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	COOK, GEORGE	NAME	VPTD ELENOR KLOSS		
STREET ADDRESS	11801 CARAVEL CIR.	STREET ADDRESS	11811 CARAVEL CIR		
CITY-ST-ZIP	FT MYERS, FL 33908	CITY-ST-ZIP	Fort Myers FL 33908		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOPER, RAY	NAME			
STREET ADDRESS	11832 CARAVEL CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS, FL 33908	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARGIGLIANO, ANNE	NAME			
STREET ADDRESS	11951 CARAVEL CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	FT MYERS, FL 33908	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CHIARCHIARO, WILLIAM	NAME	VPOP Richard Lewis		
STREET ADDRESS	11840 CARAVEL CIRCLE	STREET ADDRESS	11731 CARAVEL CIR		
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	Fort 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			
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>Helen Krieger</i>		<i>4/30/07</i>		<i>239 466-3330</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	