# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 06, 2008 8:00 am**
**Secretary of State**
03-06-2008 90051 030 ****61.25

DOCUMENT # 765036

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

| Principal Place of Business | Mailing Address |
|---|---|
| C/O TOP MANAGEMENT<br>16681 MCGREGOR 104<br>FORT MYERS, FL 33908 US | C/O TOP MANAGEMENT<br>16681 MCGREGOR 104<br>FORT MYERS, FL 33908 US |

01312008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| TOP MANAGEMENT<br>16681 MCGREGOR BLVD<br>SUITE 104<br>FORT MYERS, FL 33908 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>~~KRIEGER, HELEN~~<br>~~16901 GINGER LANE~~<br>~~FT MYERS, FL 33908~~ | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD Ray Cooper<br>11832 Caravel Circle<br>Ft Myers FL 33908 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~VPTD~~<br>KLOSS, ELENOR<br>11801 CARAVEL CIR.<br>FT MYERS, FL 33908 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary / Treasurer<br>KLOSS, ELENOR<br>11801 Caravel Cr. Ft Myers, FL 33908 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~SD~~<br>COOPER, RAY<br>11832 CARAVEL CIRCLE<br>FT. MYERS, FL 33908 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Cooper, Ray<br>11832 Caravel Cr Ft Myers, FL 33908 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~D~~<br>ARGIGLIANO, ANNE<br>11951 CARAVEL CIRCLE<br>FT MYERS, FL 33908 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director @ Large<br>Argigliano, Anne<br>11951 Caravel Cr Ft Myers, FL 33908 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPOP<br>LEWIS, RICHARD<br>11731 CARAVEL CIR<br>FORT MYERS, FL 33908 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** _____ 3/3/08 481-9104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #