2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765036

FILED Apr 03, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

C/O TOP MANAGEMENT C/O ALLIANT PROPERTY MANAGEMENT, LLC 16681 MCGREGOR 104 6719 WINKLER ROAD, SUITE 200

FORT MYERS, FL 33908 US FORT MYERS, FL 33919 US

Current Mailing Address: New Mailing Address:

C/O TOP MANAGEMENT C/O ALLIANT PROPERTY MANAGEMENT, LLC

16681 MCGREGOR 104 6719 WINKLER ROAD, SUITE 200 FORT MYERS, FL 33908 US FORT MYERS, FL 33919 US

FEI Number: 59-2264366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TOP MANAGEMENT C/O ALLIANT PROPERTY MANAGEMENT, LLC

16681 MCGREGOR BLVD 6719 WINKLER ROAD

SUITE 104 SUITE 200 FORT MYERS, FL 33908 US FORT MYERS, FL 33919 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: JOHN M. STROHM, AGENT 04/03/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: SD (X) Change () Addition

 Name:
 COOPER, RAY
 Name:
 COOPER, RAY

 Address:
 11832 CARAVEL CIRCLE
 Address:
 11832 CARAVEL CIRCLE

 City-St-Zip:
 FORT MYERS, FL 33908
 City-St-Zip:
 FORT MYERS, FL 33908

Title: ST () Delete Title: PD (X) Change () Addition

 Name:
 KLOSS, ELENOR
 Name:
 KLOSS, ELLIE

 Address:
 11801 CARAVEL CIR.
 Address:
 11811 CARAVEL CIRCLE

City-St-Zip: FT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908

Title: P () Delete Title: VP/T (X) Change () Addition Name: COOPER, RAY Name: KREIGER, HELEN

 Address:
 11832 CARAVEL CIRCLE
 Address:
 16901 GINGER LANE

 City-St-Zip:
 FT. MYERS, FL 33908
 City-St-Zip:
 FORT MYERS, FL 33908

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 ARGIGLIANO, ANNE
 Name:
 PALMISANO, LAWRENCE

 Address:
 11951 CARAVEL CIRCLE
 Address:
 11814 CARAVEL CIRCLE

 City-St-Zip:
 FT MYERS, FL 33908
 City-St-Zip:
 FORT MYERS, FL 33908

Name: LEWIS, RICHARD Name: BARTON, JOHN

 Address:
 11731 CARAVEL CIR
 Address:
 11822 CARAVEL CIRCLE

 City-St-Zip:
 FORT MYERS, FL 33908
 City-St-Zip:
 FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELLIE KLOSS PD 04/03/2009