2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #765037

CINNAMON COVE VILLAS CONDOMINIUM ASSOCIATION, INC.										
Principal Place of Business C/O TOP MANAGEMENT C/O TOP MANAGEMENT 16681 MCGREGOR BLVD. #104 FT. MYERS, FL 33908 US Mailing Address C/O TOP MANAGEMENT 16681 MCGREGOR BLVD. # FT. MYERS, FL 33908 US						91667	HEN BIBN 910H I	EIBAL DIBAL ONUN	181 ol 1801	
Principal Place of Business - No P.O. Box # 3. N		3. Mail	ing Address							
Suite, Apt. #, etc.		Sui	ite, Apt. #, etc.	04022007 Ct	ng-NP	CR2E037	(12/06)			
City & State		Cit	City & State		4. FEI Number 59-225014	9			plied For Applicable	
Zip	Country	Zip)	Country	5. Certificate of St	atus Desired		8.75 Add e Required		
6. Name and Address of Current Registers			d Agent		7. Name and Add	7. Name and Address of New Registered Agent				
TOP MANAGEMENT OF SW FLORIDA INC. 16681 MCGREGOR BLVD. SUITE 104				<u></u>	Name Street Address (P.O. Box Number is Not Acceptable)					
FT. MYERS, FL 33908									[
				City	FL Zip Code				,	
	named entity submits this statement follows of registered agent. Signature, typed or printed name of registered agent.			registered office or regist		the State of Flor	DATE	miliar with,	and accept	
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Carr	nosigo Financing	4-00	Ma	ka chack i	payable to		
	Due by May 1, 2007	1	Trust Fund C		\$5.00 May Be Added to Fees		da Departn		,	
10.	OFFICERS AND DI	IRECTORS			\$5.00 May Be Added to Fees ADDITIONS/CHANG	Florid	da Departn	nent of St	ate	
10. TITLE		IRECTORS		ontribution.		Florid	da Departn IS AND DIRE	nent of St	ate	
	OFFICERS AND DI	IRECTORS	Trust Fund C	ontribution.		Florid	da Departn IS AND DIRE	CTORS IN	ate 10	
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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 attrachment with an address, with all other like empowered.

SIGNATURE:

m c . Kern

FILED

Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90461 010 ****61.25