

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -6 AM 11:39

DOCUMENT # 765037 1. Entity Name CINNAMON COVE VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O TOP MANAGEMENT 16681 MCGREGOR BLVD. #104 FT. MYERS, FL 33908 US		Mailing Address C/O TOP MANAGEMENT 16681 MCGREGOR BLVD. #104 FT. MYERS, FL 33908 US	
2. Principal Place of Business - No P.O. Box # 711 Tarpon Bay Rd		3. Mailing Address P.O. Box 100	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Saribel FL		City & State Saribel FL	
Zip 33957		Zip 33957	
Country USA		Country USA	
4. FEI Number 59-2250149		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOP MANAGEMENT OF SW FLORIDA INC. 16681 MCGREGOR BLVD. SUITE 104 FT. MYERS, FL 33908		7. Name and Address of New Registered Agent Name Steven Mackesy Street Address (P.O. Box Number is Not Acceptable) 711 Tarpon Bay Rd City Saribel FL Zip Code 33957	
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)</small>		DATE 4/20/08	
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	S KERN, JOHN 11681 CARAVEL CIR, #52 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, GLEN 16700 GINGER LANE #4 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZWART, JOHN 16760 GINGER LN #23 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POORE, JAMES 16800 GINGER LN #29 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHENNUM, PATRICIA 16700 GINGEN #6 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B S/8/07	<input type="checkbox"/> Delete	<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:		Date 4/24/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	



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