

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765037

FILED
Apr 09, 2009
Secretary of State

Entity Name: CINNAMON COVE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

711 TARPON BAY RD
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 59-2250149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKESY, STEVEN
711 TARPON BAY RD
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: KERN, JOHN
Address: 11681 CARAVEL CIR, #52
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: SIMMONS, GLEN
Address: 16700 GINGER LANE #4
City-St-Zip: FORT MYERS, FL 33908

Title: PD () Delete
Name: ZWART, JOHN
Address: 16760 GINGER LN #23
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: POORE, JAMES
Address: 16800 GINGER LN #29
City-St-Zip: FORT MYERS, FL 33908

Title: T () Delete
Name: SCHENNUM, PATRICIA
Address: 16700 GINGEN #6
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: KERN, JOHN
Address: 11681 CARAVEL CIR, #52
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Change () Addition
Name: SIMMONS, GLEN
Address: 3357 TWIN LAKES
City-St-Zip: SANIBEL, FL 33957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SCHENNUM, PATRICIA
Address: 16700 GINGEN #6
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: JOHN ZWART

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date