

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90815 024 ****61.25

DOCUMENT # N01284

1. Entity Name
CINNAMON COVE TERRACE CONDOMINIUM II
ASSOCIATION, INC.



Principal Place of Business

11595 KELLY RD
SUITE #309
FORT MYERS, FL 33908 US

Mailing Address

11595 KELLY RD
SUITE #309
FORT MYERS, FL 33908 US

DO NOT WRITE IN THIS SPACE

40091903



03122007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2658842

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'NEILL, ARLENE
C/O COASTAL ASSOC MGMT OF LEE CITY, INC
11595 KELLY RD #309
FORT MYERS, FL 33908

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GENDREAU, DAN
STREET ADDRESS 11140 CARAVEL CR. #104
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE VD
NAME KESTERMEIER, WILLIAM
STREET ADDRESS 11110 CARAVEL CR. #110
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE SD
NAME MELANDER, GENE
STREET ADDRESS 11170 CARAVEL CIR. #102
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE TD
NAME RICHARD, MICHAEL
STREET ADDRESS 11060 CARAVEL CIRCLE
CITY-ST-ZIP FT. MYERS, FL 33908

TITLE D
NAME CARREIA, TILLIE
STREET ADDRESS 11060 CARAVEL CR. #305
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Michael W Richard* MICHAEL W RICHARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-07 239-466-1601