

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01284

FILED
Mar 25, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2658842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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 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: P () Delete
Name: KESTERMEIER, WILLIAM
Address: 11110 CARAVEL CR. #110
City-St-Zip: FORT MYERS, FL 33908

Title: VP () Delete
Name: MELANDER, GENE
Address: 11170 CARAVEL CIR. #102
City-St-Zip: FORT MYERS, FL 33908

Title: TD () Delete
Name: RICHARD, MICHAEL
Address: 11060 CARAVEL CIRCLE
City-St-Zip: FT. MYERS, FL 33908

Title: D () Delete
Name: CARREIA, TILLIE
Address: 11060 CARAVEL CR. #305
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: BENSON, PAULETTE
Address: 11140 CARAVEL CR. #103
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: WILLIAM KESTERMEIER

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date