2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N05366

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

Principal Place of Business C/O TOP MANAGEMENT 16681 MCGREGOR BLVD., #104 FORT MYERS EL 33908

Mailing Address

C/O TOP MANAGEMENT 16681 MCGREGOR BLVD., #104 FORT MYERS FL 33908

TONT WILLIO, I E GOOD GO										HEL ML FALL				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01312008	Ch	g-NP	CR2E03	37 (12/06)			
City & State			City & State					4. FEI Numb 59-246		5		<u> </u>	oplied For ot Applicable	
Zip . Country			Zi	Zip Co			5. Certificate of Status Desired \$8.75 Additional Fee Required						ditional	
6. Name and Address of Current Registered Agent						ľ., .		7. Name and	Addr	ess of New	Registered /	Agent		
						Name								
TOP MANAGEMENT OF SW FLORIDA INC 16681 MCGREGOR BLVD.						Street Address (P.O. Box Number is Not Acceptable)								
FORT MYERS, FL 33908														
/\$						City		·			FL	Zip Cod	le	
	 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, typed	or printed name of registered agent	and title if ap	plicable. (NOTE	. Registero	d Agent signat	ure required) when reinstating)			DATE			
Filling Fee is \$61.25 9. Election Campaig Due by May 1, 2008 Trust Fund Contri							•	\$5.00 May 6 Added to Fees			Make checi orida Depar	tment of S	tato 🧪	
10.	10. OFFICERS AND DIRECTORS					 		ADDITIONS/CH	IANGE		ERS AND DI			
TITLE	PD			Delete II		 -	l					Change	Addition	
NAME	JAMES, D	DENNIS		NA		£	l					_ •	_	
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,			STR										
CITY-ST-ZIP				CI		-ST-ZIP		···						
TITLE	VP			☐ Delete	mu							☐ Change	☐ Addition	
NAME	CAMERON, MAXINE				NAM	-	i							
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS								
<u> </u>	 	3, FL 33906			-	-ST-ZIP	<u> </u>							
TITLE	D	DREM		☐ Detete	mu							☐ Change	Addition	
STREET ADDRESS	SUTTON, DREW ESS 11345 CARAWAY LANE #110				NAME STREET ADDRESS									
CITY-ST-ZIP					CITY-ST-ZIP									
TITLE	9-		•	☐ Delete	-			0000	- 1			Change	Addition	
NAME	MILLER, NEWELL			Delete RTLE			11.	easu	V L	¥		(T) crande	☐ ACCIDEN	
STREET ADDRESS 11311 CARAVEL CIRCLE #96						ET ADDRESS	ļ							
CITY-ST-ZIP	i .	ÆRS, FL 33908				-ST-ZIP								
TITLE	-ŦĐ-			☐ Delete	TITL		-	200000	· /~			Change	Addition	
NAME	SHRAMEK, TED			Li Deny	E	26	secretary 7				7			
STREET ADDRESS	11291 CA	RAVEL CIRCLE #71			STRE	ET ADDRESS			_					
	I ======	ERS. FL 33908			cutv	-ST-ZIP	I							

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 suppliemental 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 charged, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

MAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

239-466-3330 Daytime Phone #

☐ Change

☐ Addition

Date

FILED

Secretary of State

03-27-2008 90030 050 ****61.25

Mar 27, 2008 8:00 am