


**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

<b>DOCUMENT # N05366</b>					
<b>1. Entity Name</b> CINNAMON COVE VILLAS II CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O TOP MANAGEMENT 16681 MCGREGOR BLVD., #104 FORT MYERS, FL 33908 US			<b>Mailing Address</b> C/O TOP MANAGEMENT 16681 MCGREGOR BLVD., #104 FORT MYERS, FL 33908 US		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
<b>6. Name and Address of Current Registered Agent</b>					
TOP MANAGEMENT OF SW FLORIDA INC 16681 MCGREGOR BLVD. STE 104 FORT MYERS, FL 33908					Name
					Street Address
					City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>					
<b>SIGNATURE</b> _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, DENNIS 18111 CARAWAY LANE #124 FORT MYERS, FL 33908 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMERON, MAXINE 11761 CARAWAY LN. #141 FT MYERS, FL 33908 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, DREW 11345 CARAWAY LANE #110 FORT MYERS, FL 33908 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, NEWELL 11311 CARAVEL CIRCLE #96 FORT MYERS, FL 33908 <input type="checkbox"/> Delete				TY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHRAMEK, TED 11291 CARAVEL CIRCLE #71 FORT MYERS, FL 33908 <input type="checkbox"/> Delete				Se
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11.</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					