

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05366

FILED
Mar 16, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2465015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOP MANAGEMENT OF SW FLORIDA INC
16681 MCGREGOR BLVD.
STE 104
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: PD () Delete
Name: JAMES, DENNIS
Address: 18111 CARAWAY LANE #124
City-St-Zip: FORT MYERS, FL 33908

Title: VP () Delete
Name: CAMERON, MAXINE
Address: 11761 CARAWAY LN. #141
City-St-Zip: FT MYERS, FL 33908

Title: T () Delete
Name: SUTTON, DREW
Address: 11345 CARAWAY LANE #110
City-St-Zip: FORT MYERS, FL 33908

Title: S () Delete
Name: MILLER, NEWELL
Address: 11311 CARAVEL CIRCLE #96
City-St-Zip: FORT MYERS, FL 33908

Title: TD () Delete
Name: SHRAMEK, TED
Address: 11291 CARAVEL CIRCLE #71
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: T (X) Change () Addition
Name: MILLER, NEWELL
Address: 11291 CARAVEL CIRCLE #72
City-St-Zip: FORT MYERS, FL 33908

Title: S (X) Change () Addition
Name: SHRAMEK, TED
Address: 11291 CARAVEL CIRCLE #71
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Change () Addition
Name: SUTTON, DREW
Address: 11345 CARAVEL CIRCLE #110
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: DENNIS JAMES

PD

03/16/2009

Electronic Signature of Signing Officer or Director

Date