2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12920

FILED Mar 12, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 11300 CARAVEL CIRCLE 6719 WINKLER ROAD FT MYERS, FL 33908 SUITE 200 FT MYERS, FL 33919 US **Current Mailing Address: New Mailing Address:** C/O ALLIANT PROPERTY MANAGEMENT 6719 WINKLER RD STE 200 FORT MYERS, FL 33919 FEI Number: 65-0022822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALLIANT PROPERTY MANAGEMENT 6719 WINKLER RD STE 200 FORT MYERS, FL 33919 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition EXTON, EDWARD J Name: Name: 11300 CARAVEL CR #309 Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition WILHELM, HELEN Name: WILHELM, HELEN Name: Address: 11250 CARAVEL CR #201 Address: 4289 MARINER WAY City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33919 Title: VPD () Delete Title: () Change () Addition BERK, SALESSA Name: Name: 11250 CARAVEL CIR #107 Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: KLOPFENSTEIN, AL Name: 11250 CARAVEL CIR 202 Address: Address: City-St-Zip: FT. MYERS, FL 33908 City-St-Zip: Title: () Delete Title: (X) Change () Addition RUECKERT, EUGENE STEADMAN, EARL Name: Name: 11220 CARAVEL CIR 104 11300 CARAVEL CIR 204 Address: Address: City-St-Zip: FORT MYERS, FL 33908 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: EDWARD EXTON PD 03/12/2009