

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 11 1997 8:00am
Secretary of State

DOCUMENT # N18658 (7)

1. Corporation Name

CINNAMON COVE VILLAS III CONDOMINIUM ASSOCIATION
INC.



Principal Place of Business

11650 CARAVEL CIRCLE
FORT MYERS FL 33908

Mailing Address

11650 CARAVEL CIRCLE
FORT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/08/1987

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0013348

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOP MANAGEMENT OF SW FLORIDA INC
16681 MCGREGOR BLVD
STE 207
FORT MYERS FL 33908

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BLACK, W RANDOLPH	
STREET ADDRESS	11541 CARAWAY LANE #191	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	VD	☐ DELETE
NAME	IRVING McDONALD	
STREET ADDRESS	11461 CARAVEL CIR #187	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	STD	☐ DELETE
NAME	HANNON, ROBERT C	
STREET ADDRESS	11701 CARAWAY LANE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	☐ DELETE
NAME	SWIHART, LEORA	
STREET ADDRESS	11671 CARAWAY LANE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	☐ DELETE
NAME	LISCIA, NICHOLAS	
STREET ADDRESS	16510 GINGER LANE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	TD	☐ DELETE
NAME	ANGELO RIEZZI	
STREET ADDRESS	11671 CARAWAY CIR #159	
CITY-ST-ZIP	FORT MYERS F	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

CR2E037 (4/97)