## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N18658

## CINNAMON COVE VILLAS III CONDOMINIUM ASSOCIATION

Country

ISLAND MANAGEMENT SERVICES

2440 PALM RIDGE RD

P O BOX 628 SANIBEL FL 33957

9. Name and Address of Current Registered Agent

Principal Place of Business 11650 CARAYEL CIRCLE

2. Principal Place of Business

FORT MYERS FL 33908

Suite, Apt. #, etc.

City & State

Zip

21

22

24

Mailing Address

C/O ISLAND MONAGEMENT P O BOX 628 SANIBEL FL 33957

Suite, Apt. #, etc.

City & State

Zip

29

2a. Mailing Address

5. Certificate of Status Desired 6. Election Campaign Financing

Trust Fund Contribution 7. Is this nonprofit corporation a homeowners association?

3. Date Incorporated or Qualified

<u>01/08/1987</u>

65-0013348

4. FEI Number

☐ Yes 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes

**FILED** 

Mar 20 1998 8:00am

Secretary of State

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	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
i	

83

Zip Code

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

Country

30

agent. ( a	am tamiliar with, and accept the obligations of	, Section 617.0503, Flor	ida Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and title	II applicable (NOTE:	Registered Agent signature	e required when reinstating)	DATE	<del></del>
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO		ISJN 12
TITLE	40=	DELETE	1.1 TITLE	Ed Riones:	Change	Addition
NAME	BLACK, W RANDOLPH		1.2 NAME	it al consider	STA FROM	`
STREET ADDRESS	11541 CARAWAY LANE #191		1.3 STREET ADDRESS		Can	
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP	Fast MUDE FI	New Service	<u> </u>
TITLE	VPD	DELETE	2.1 TITLE	Jerr sakool	er av Shange	Addition
NAME	BUTOVA, JOE		2.2 NAME	116151	in mill	
STREET ADDRESS	11741 CARAWAY LN #143		2.3 STREET ADDRESS	JINKOLI COLOTA	まれてん	72.5
CITY-ST-ZIP	FORT MYERS FL		2. 4 CITY-ST-ZIP	MAT MYDE F	LEGINER.	40
TITLE	<b>S</b> D	DELETE	3.1 TITLE	Truing Wester	Change	Addition
NAME	DAVIS, IRENE		3.2 NAME	- and work	M Co	·
STREET ADDRESS	11611 CARAWAY LN #171		3.3 STREET ADDRESS	JUKOJ SPUONEJ	スペル サスツ	~`
CITY-ST-ZIP	FORT MYERS FL		3.4. CITY - ST - ZIP	ERRY FROM	K1 30K1	<b>×</b>
TITLE	D	DELETE	4.1 TITLE		☐ Change	Addition
NAME	PRAINITO, WANDA		4. 2 NAME	`		
STREET ADDRESS	11581 CARAWAY LN #178	`	4.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL		4.4 CITY-ST-ZIP			
TITLE	29 20	☐ DELETE	5.1 TITLE		Change	Addition
NAME	ANGELO RIEZZI		5.2 NAME			
STREET ADDRESS	11671 CARAWAY CIR #159		5.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS F		5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY . CT . ZID			6.4 CITY - ST- 7IP	1		

I 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 report or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in