

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18658

1. Entity Name
CINNAMON COVE VILLAS III CONDOMINIUM
ASSOCIATION INC

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90010 038 ****61.25

Principal Place of Business
11650 CARAVEL CIR
FT MYERS FL 33908

Mailing Address
C/O TOP MANAGEMENT
16681 MCGREGOR BLVD
STE 104
FT MYERS FL 33908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0013348

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOP MANAGEMENT
16681 MCGREGOR BLVD
STE 104
FT MYERS FL 33908

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW
FEES IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
					PD	TIEZZI, ANGELO	11671 CARAWAY LN #159	FT MYERS FL 33908		
					VD	DIONNE JR, EDWARD	11421 CARAVEL CIR #150	FT MYERS FL 33908		
					SD	SULLIVAN, EDITH	11541 CARAWAY LN #190	FT MYERS FL 33908		
					TD	MCDONALD, IRVING	11461 CARAVEL CIR #167	FT MYERS FL 33908		
					D	WHEELER, JERRY	11461 CARAVEL CIR #165	FT MYERS FL 33908		
									<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)