

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18658

1. Entity Name

CINNAMON COVE VILLAS III CONDOMINIUM ASSOCIATION

Principal Place of Business

11650 CARAVEL CIRCLE
FORT MYERS FL 33908

Mailing Address

C/O TOP MANAGEMENT
16681 MCGREGOR BLVD STE 104
FORT MYERS FL 33908
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0013348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOP MANAGEMENT
16681 MCGREGOR BLVD
STE 104
FORT 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:
FEE 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 PD ☒ Delete
NAME TIEZZI, ANGELO
STREET ADDRESS 11671 CARAWAY LANE #159
CITY-ST-ZIP FORT MYERS FL 33908

TITLE VD ☐ Change ☒ Addition
NAME SULLIVAN, EDITH
STREET ADDRESS 11541 CARAWAY LANE #190
CITY-ST-ZIP FT MYERS FL 33908

TITLE VD ☐ Delete
NAME DIONNE, EDWARD JR
STREET ADDRESS 11421 CARAVEL CIRCLE #150
CITY-ST-ZIP FT. MYERS FL 33958

TITLE PD ☒ Change ☐ Addition
NAME DIONNE, EDWARD JR
STREET ADDRESS 11421 CARAVEL CIRCLE #150
CITY-ST-ZIP FT MYERS FL 33908

TITLE SD ☐ Delete
NAME WHEELER, JERRY
STREET ADDRESS 11461 CARAVEL CIRCLE, #65
CITY-ST-ZIP FT. MYERS FL 33958

TITLE SD ☒ Change ☐ Addition
NAME WHEELER, JERRY
STREET ADDRESS 11461 CARAVEL CIRCLE #165
CITY-ST-ZIP FT MYERS FL 33908

TITLE TD ☐ Delete
NAME MCDONALD, IRVING
STREET ADDRESS 11461 CARAVEL CIRCLE, #167
CITY-ST-ZIP FT. MYERS FL 33908

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BLACK, RANDOLPH W
STREET ADDRESS 11541 CARAWAY LN #191
CITY-ST-ZIP FORT MYERS FL 33908

TITLE D ☐ Change ☒ Addition
NAME MACKENZIE, PAUL
STREET ADDRESS 11421 CARAVEL CIRCLE #145
CITY-ST-ZIP FT MYERS FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90168 018 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)