
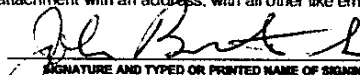


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90029 016 ****61.25

DOCUMENT # N18658			
1. Entity Name CINNAMON COVE VILLAS III CONDOMINIUM ASSOCIATION, INC.		Mailing Address C/O TOP MANAGEMENT 16681 MCGREGOR BLVD STE 104 FORT MYERS, FL 33908 US	
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01312008		Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0013348		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TOP MANAGEMENT OF SW FL INC 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D SULLIVAN, EDITH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11541 CARAWAY LN #190	NAME	
STREET ADDRESS	FORT MYERS, FL 33908	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD BARETELA, SR, JOHN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11631 CARAWAY LANE #170	NAME	
STREET ADDRESS	FORT MYERS, FL 33908	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VSD GREELEY, MICHAEL <input checked="" type="checkbox"/> Delete	TITLE	Secretary Margaret McDonald <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16500 GINGER LN #195	NAME	11461 Caravel Cir #167
STREET ADDRESS	FORT MYERS, FL 33908	STREET ADDRESS	FORT MYERS FL 33908
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D THIBEAULT, RICHARD <input type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11651 CARAVEL CIR #161	NAME	
STREET ADDRESS	FORT MYERS, FL 33908	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD WATTERUD, NORMA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11461 CARAVEL LN #164	NAME	
STREET ADDRESS	FORT MYERS, FL 33908	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		3/17/08 239-466-3330	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	