


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-30-2008 90166013 ***61.25
N18658

DOCUMENT # N18658

1. Entity Name
CINNAMON COVE VILLAS III CONDOMINIUM ASSOCIATION, INC.



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 #


Suite, Apt. #, etc. **Alliant Property Management, LLC
6719 Winkler Rd. Suite 200**

City & State **Fort Myers, FL 33919**

Zip Country ZIP COUNTRY

FILED
08 MAY 13 PM 2:10

60034001 FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



04072008 Chg-NP CR2E037 (12/06)

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

**TOP MANAGEMENT OF SW FL INC
16681 MCGREGOR BLVD
STE 104
FORT MYERS, FL 33908**

Name _____
Street **Alliant Property Management, LLC**
6719 Winkler Rd. Suite 200
Fort Myers, FL 33919
City _____
Zip Code _____

7. Name and Address of New Registered Agent

Name _____
Street **Alliant Property Management, LLC**
6719 Winkler Rd. Suite 200
Fort Myers, FL 33919
City _____
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 *Melba Storch* **Agent** DATE **4.28.08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, EDITH 11541 CARAWAY LN #190 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Edward Exton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 309-11300 Caravel Cir Ft Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARETELA, SR, JOHN 11631 CARAWAY LANE #170 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Salessa Berk <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 107-11250 Caravel Cir Ft Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GREELEY, MICHAEL 16500 GINGER LN #195 FT. MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Al Klopfenstein <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 202-11250 Caravel Cir Ft Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THIBEAULT, RICHARD 11651 CARAVEL CIR #161 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Helen Wilhelm <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4289 Mariner Way Ft Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATTERUD, NORMA 11461 CARAVEL LN #164 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gene Rueckert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9458 Flick Rd Cincinnati, OH 45247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MST/IC</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Helen Wilhelm* DATE: **4/28/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #