

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91001 011 ****61.25

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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

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

☐ CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS \$61.25

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 **VD** ☐ Delete
NAME **SULLIVAN, EDITH**
STREET ADDRESS **11541 CARAWAY LANE #90**
CITY-ST-ZIP **FORT MYERS FL 33908**

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

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

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

TITLE **VD** ☐ Delete
NAME **BARETELA, SR, JOHN**
STREET ADDRESS **11631 CARAWAY LANE #170**
CITY-ST-ZIP **FORT MYERS FL 33908**

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

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

TITLE **SD** ☒ Change ☐ Addition
NAME **MERRIMAN CLARE**
STREET ADDRESS **11651 CARAWAY LANE #161**
CITY-ST-ZIP **FT MYERS FL 33908**

TITLE **D** ☐ Delete
NAME **MACKENZIE, PAUL**
STREET ADDRESS **11421 CARAVEL CIRCLE #145**
CITY-ST-ZIP **FORT MYERS FL 33908**

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

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 REQUIRED

JOHN BARETELA SR

4/27/03

CR2E037 (10/02)