FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N23983** **(2)**

1. Corporation Name

CINNAMON COVE TERRACE CONDOMINIUM IV ASSOCIATION , INC.

Principal Place of Business	Mailing Address
11650 CARAVEL CIRCLE **FORT MYERS FL 33908**	**11650 CARAVEL CIRCLE** **FORT MYERS FL 33908**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/21/1987**
3a. Date of Last Report: **04/20/1994**
4. FEI Number: **65-0104923** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

TOP MANAGEMENT OF SOUTHWEST FLORIDA, INC
16521 SAN CARLOS BLVD, STE F
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P/D ☑ Change ☐ Addition
NAME	LEONE, CORNELIUS	12 NAME	Judy O'Donnell
STREET ADDRESS	11570 CARAVEL CIR., #108	13 STREET ADDRESS	11570 Caravel Circle #202
CITY-ST-ZIP	FORT MYERS FL	14 CITY-ST-ZIP	Ft. Myers, Florida 33908
TITLE	VPD	21 TITLE	V/P Cornelius Leone ☑ Change ☐ Addition
NAME	HANSON, LEONARD	22 NAME	11570 Caravel Circle # 108
STREET ADDRESS	11570 CARAVEL CIR., #110	23 STREET ADDRESS	Ft. Myers, Florida
CITY-ST-ZIP	FORT MYERS FL	24 CITY-ST-ZIP	33908
TITLE	TD	31 TITLE	D ☑ Change ☐ Addition
NAME	KELLEY, WILLIAM	32 NAME	Paul Neher
STREET ADDRESS	11570 CARAVEL CR #208	33 STREET ADDRESS	11570 Caravel Circle #102
CITY-ST-ZIP	FORT MYERS FL	34 CITY-ST-ZIP	Ft. Myers, Florida 33908
TITLE	D	41 TITLE	T/D ☑ Change ☐ Addition
NAME	O'DONNELL, JUDITH	42 NAME	Lorretta Goger
STREET ADDRESS	11570 CARAVEL CIR., #202	43 STREET ADDRESS	11570 Caravel Circle #308
CITY-ST-ZIP	FORT MYERS FL	44 CITY-ST-ZIP	Ft. Myers, Florida 33908
TITLE	D	51 TITLE	S/D ☑ Change ☐ Addition
NAME	CARLONI, LOUIS	52 NAME	Leonard Hanson
STREET ADDRESS	11570 CARAVEL CIR., #303	53 STREET ADDRESS	11570 Caravel Circle #110
CITY-ST-ZIP	FORT MYERS FL	54 CITY-ST-ZIP	Ft. Myers, Florida 33908
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Cornelius Leone
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

001437