

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N23983 (2)

1. Corporation Name

CINNAMON COVE TERRACE CONDOMINIUM IV ASSOCIATION
, INC.

Principal Place of Business

11650 CARAVEL CIRCLE
FORT MYERS FL 33908

Mailing Address

11650 CARAVEL CIRCLE
FORT MYERS FL 33908



3. Date Incorporated or Qualified
12/21/1987

3a. Date of Last Report
05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 c/o TOP MANAGEMENT

23 City & State 27 16681 MCGREGOR BLVD

24 Zip 25 Country 28 FORT MYERS FL 29 33908 30 USA

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
TOP MANAGEMENT OF SW FLORIDA INC
82 Street Address (P.O. Box Number is Not Acceptable)
16681 MCGREGOR BLVD
83 SUITE 207
84 City
FORT MYERS FL 85 Zip Code
33908

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
VP	LEONE, CORNELIUS	11570 CARAVEL CIR., #108	FORT MYERS FL	☒
SD	HANSON, LEONARD	11570 CARAVEL CIR., #110	FORT MYERS FL	☒
D	NEHER, PAUL	11570 CARAVEL CIRCLE #102	FORT MYERS FL	☐
PD	O'DONNELL, JUDITH	11570 CARAVEL CIR., #202	FORT MYERS FL	☐
TD	GOGER, LORRETTA	11570 CARAVEL CIRCLE #308	FORT MYERS FL	☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
VD	VAN DERMOON, LOUIS	11570 CARAVEL CIR #104	FORT MYERS FL 33908	SD	KINGSTON, JOHN	11570 CARAVEL CIR #302	FORT MYERS FL 33908																

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)(k), 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: *Loretta C Goger* LORETTA C GOGER 4-29-96 941-466-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Treasurer

CR2E037 (12/95)