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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
11650 CARAVEL CIRCLE FORT MYERS FL 33908	C/O TOP MANAGEMENT 16681 MCGREGOR BLVD., SUITE 207 FORT MYERS FL 33908-3870 US

3. Date Incorporated or Qualified: **12/21/1987**
3a. Date of Last Report: **05/01/1996**

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

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

9. Name and Address of Current Registered Agent

TOP MANAGEMENT OF SOUTHWEST FLORIDA, INC
16681 MCGREGORY BLVD.
SUITE 207
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 16681 MCGREGOR BLVD
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	XX Change	☐ Addition
NAME	VAN DERMOON, LOUIS		1.2 NAME		
STREET ADDRESS	11570 CARAVEL DRIVE, #104		1.3 STREET ADDRESS	11570 CARAVEL CIRCLE #104	
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP	33908	
TITLE	SD	☐ DELETE	2.1 TITLE	XX Change	☐ Addition
NAME	KINGSTON, JOHN		2.2 NAME		
STREET ADDRESS	11570 CARAVEL CIRCLE, #302		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP	33908	
TITLE	D	☐ DELETE	3.1 TITLE	XX Change	☐ Addition
NAME	NEHER, PAUL		3.2 NAME		
STREET ADDRESS	11570 CARAVEL CIRCLE #102		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		3.4 CITY-ST-ZIP	33908	
TITLE	PD	☐ DELETE	4.1 TITLE	XX Change	☐ Addition
NAME	O'DONNELL, JUDITH		4.2 NAME		
STREET ADDRESS	11570 CARAVEL CIR., #202		4.3 STREET ADDRESS	11570 CARAVEL CIRCLE #202	
CITY-ST-ZIP	FORT MYERS FL		4.4 CITY-ST-ZIP	33908	
TITLE	TD	☐ DELETE	5.1 TITLE	XX Change	☐ Addition
NAME	GOGER, LORRETTA		5.2 NAME		
STREET ADDRESS	11570 CARAVEL CIRCLE #308		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		5.4 CITY-ST-ZIP	33908	
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: [signature] JUDY O'DONNELL, PRESIDENT 04-14-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0056396