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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 US

2. Principal Place of Business 21 11570 CARAVEL CIRCLE	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FORT MYERS FL	City & State 28
Zip / Country 24 33908 / 25 USA	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 12/21/1987

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TOP MANAGEMENT OF SOUTHWEST FLORIDA, INC
16681 MCGREGOR 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)

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		☐ Change ☐ Addition
NAME	VAN DERMOON, LOUIS		1.2 NAME		
STREET ADDRESS	11570 CARAVEL CIRCLE #104		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ 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		
TITLE	D	☐ DELETE	3.1 TITLE		☐ 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		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	O'DONNELL, JUDITH		4.2 NAME		
STREET ADDRESS	11570 CARAVEL CIRCLE #202		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ 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		
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 (10/97)

14. 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 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 GOGER, TREAS Apr 15, 98 (941) 466-3330