2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 AM
Secretary of State

DOCUMENT# N23983

Entity Name: CINNAMON COVE TERRACE CONDOMINIUM IV ASSOCIATION, INC.

Current Principal Place of Business:

11570 CARAVEL CIR
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

C/O TOP MANAGEMENT
16881 MCGREGOR BLVD. #104
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 65-0104923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOP MANAGEMENT OF SOUTHWEST FLORIDA, INC
16681 MCGREGOR BLVD
SUITE 104
FORT MYERS, FL 33908

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KINGSTON, JACK
Address: 11570 CARAVEL CIRCLE #104
City-St-Zip: FORT MYERS, FL 33908

Title: STD ( ) Delete
Name: KOCH, CAROLYN
Address: 11570 CARAVEL CIR 107
City-St-Zip: FORT MYERS, FL

Title: VD ( ) Delete
Name: FARRELL, ELINOR
Address: 11570 CARAVEL CIRCLE #102
City-St-Zip: FORT MYERS, FL 33908

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: KINGSTON, JACK
Address: 11570 CARAVEL CIRCLE #104
City-St-Zip: FORT MYERS, FL 33908

Title: SD (X) Change ( ) Addition
Name: KOCH, CAROLYN
Address: 11570 CARAVEL CIR 107
City-St-Zip: FORT MYERS, FL

Title: VD (X) Change ( ) Addition
Name: HANSON, LEONARD
Address: 11570 CARAVEL CIRCLE #110
City-St-Zip: FORT MYERS, FL 33908

Title: TD ( ) Change (X) Addition
Name: LEONE, CONNIE
Address: 11570 CARAVFEL CIRCLE #108
City-St-Zip: FORT MYERS, FL 33908

Title: PD ( ) Change (X) Addition
Name: O'DONNELL, JUDY
Address: 11570 CARAVEL CIRCLE #202
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY O'DONNELL PD 04/11/2002

Electronic Signature of Signing Officer or Director — Date