

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90519 001 ****61.25

DOCUMENT # N23983 1. Entity Name CINNAMON COVE TERRACE CONDOMINIUM IV ASSOCIATION, INC.					
Principal Place of Business 11570 CARAVEL CIR FORT MYERS FL 33908 US			Mailing Address C/O TOP MANAGEMENT 16881 MCGREGOR BLVD. #104 FORT MYERS FL 33908 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TOP MANAGEMENT OF SOUTHWEST FLORIDA, INC 16681 MCGREGOR BLVD SUITE 104 FORT MYERS FL 33908			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KINGSTON, JACK		NAME		
STREET ADDRESS	11570 CARAVEL CIRCLE #104		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KOCH, CAROLYN		NAME		
STREET ADDRESS	11570 CARAVEL CIR 107		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HANSON, LENNY		NAME		
STREET ADDRESS	11570 CARAVEL CIRCLE #110		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LEONE, CONNIE		NAME		
STREET ADDRESS	11570 CARAVEL CIRCLE #108		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WESTSHORE, JAMES		NAME		
STREET ADDRESS	11570 CARAVEL CIR. #301		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			4/19-04 466 3330		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		