

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90030 024 ****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 APEX MANAGEMENT 11595 KELLY RD., #110 FORT MYERS, FL 33908 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 13611 MCGREGOR BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 6			
City & State		City & State FORT MYERS FL			
Zip	Country	Zip	Country	4. FEI Number 65-0104923	
33919		USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				40067053	
6. Name and Address of Current Registered Agent APEX MANAGEMENT SVCS OF LEE COUNTY, INC 11595 KELLY RD #110 FORT MYERS, FL 33908				7. Name and Address of New Registered Agent Name APEX MANAGEMENT SERVICES Street Address (P.O. Box Number is Not Acceptable) 13611 MCGREGOR BLVD STE 6 City FORT MYERS FL Zip Code 33919	
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 <u>Grace J. Murray, CAM</u> <u>GRACE J. MURRAY, CAM</u> <u>4-10-08</u> <small>Signature, typed or printed name of registered agent or director if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	VD KINGSTON, JACK 11570 CARANEL CIR #302 FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KOCH, CAROLYN 11570 CARAVEL CIR 107 FORT MYERS, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOUIS, CARLONI JR 11570 CARAVEL CIR 303 FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CARLONI JR, LOUIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LEONE, CONNIE 11570 CARAVEL CIRCLE #108 FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WESTROPE, JAMES 11570 CARAVEL CIR. #301 FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BETTERMAN, LINDA 11570 CARAVEL CIR. #304 FORT MYERS FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>James E. Westrope</u> <u>JAMES E. WESTROPE</u> <u>4-10-08</u> <u>(239) 437-8400</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					