2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 01, 2003 8:00 am § Secretary of State DOCUMENT # **N23983** 05-01-2003 90143 042 ****61.25 1. Entity Name CINNAMON COVE TERRACE CONDOMINIUM IV ASSOCIATION Principal Place of Business Mailing Address 11031808 C/O TOP MANAGEMENT 11570 CARAVEL CIR FORT MYERS FL 33908 16881 MCGREGOR BLVD. #104 FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0104923 Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOP MANAGEMENT OF SOUTHWEST FLORIDA, INC Street Address (P.O. Box Number is Not Acceptable) 16681 MCGREGOR BLVD SUITE 104 FORT MYERS FL 33908 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. VO Addition TITLE ☐ Delete TITLE ☐ Change KINGSTON, JACK NAME NAME 11570 CARAVEL CIRCLE #104 STREET ADDRESS STREET ADDRESS CR2E037 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33908 ☐ Delete TITI F ☐ Change ☐ Addition TITLE KOCH, CAROLYN NAME NAME STREET ADDRESS 11570 CARAVEL CIR 107 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF FORT MYERS FL TITLE ☐ Delete TITLE ☐ Addition HANSON LEXINY HANSON, LEONARD NAME NAME 11570 CARAVEZ CIRLLE #110 STREET ADDRESS 11570 CARAVEL CIRCLE #110 STREET ADDRESS CITY-ST-ZIP FT MYENS FL 33908 CITY-ST-ZIP FORT MYERS FL 33908 TD TITLE ☐ Delete TITI F ☐ Change ☐ Addition LEONE, CONNIE NAME STREET ADDRESS 11570 CARAVFEL CIRCLE #108 STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change WESTROPE JAMES O'DONNELL, JUDY NAME NAME 11570 CARAVEL CIR# 301 11570 CARAVEL CIRCLE #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33908 Fringpes fu 33508 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

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changed, or on an attachment with an agdress, with all other like empowered.

SIGNATURE:

FILED