

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25843 (6)

1. Corporation Name

CINNAMON COVE VILLAS IV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11650 CARAVEL CIRCLE
FORT MYERS FL 33908

11650 CARAVEL CIRCLE
FORT MYERS FL 33908



3. Date Incorporated or Qualified
04/11/1988

3a. Date of Last Report
03/22/1995

2. Principal Place of Business
21 **C/O TOP MANAGEMENT**

2a. Mailing Address
26 **C/O TOP MANAGEMENT**

4. FEI Number
65-0114900

Applied For
Not Applicable

Suite, Apt. #, etc. **STE 207**
22 **16681 MCGREGOR BLVD**
City & State

Suite, Apt. #, etc. **STE 207**
27 **16681 MCGREGOR BLVD**
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 **FORT MYERS FL**

28 **FORT MYERS FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

Zip **33908**

Country **USA**

Zip **33908**

Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOP MGMT. SO SOUTHWEST FL. INC.
16521 SAN CARLOS BLVD., SUITE F
FORT MYERS FL 33908

81 Name **TOP MANAGEMENT OF SW FLORIDA INC**

82 Street Address (P.O. Box Number is Not Acceptable)
16681 MCGREGOR BLVD

83 **SUITE 207**

84 City **FORT MYERS** **FL** 85 Zip Code **33908**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	STUCKEMEYER, J.A.
STREET ADDRESS	16530 GINGER LANE 213
CITY-ST-ZIP	FORT MYERS FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	WOOD, MARILYN R.
STREET ADDRESS	16570 GINGER LANE, #219
CITY-ST-ZIP	FT. MYERS FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	CAVARETTA, JOSEPH
STREET ADDRESS	16580 GINGER LN #245
CITY-ST-ZIP	FORT MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: J.A. Stuckemeyer **J.A. STUCKEMEYER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

4-24-96 **941-466-3330**
Date Daytime Phone #

CR2E037 (12/95)