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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90072 045 \*\*\*\*61.25

0059110

**DOCUMENT # N25843**

1. Corporation Name

**CINNAMON COVE VILLAS IV CONDOMINIUM ASSOCIATION,  
INC.**

Principal Place of Business

C/O TOP MANAGEMENT  
16681 MCGREGOR BLVD. SUITE 207  
FORT MYERS FL 33908  
US

Mailing Address

C/O TOP MANAGEMENT  
16681 MCGREGOR BLVD. STE 207  
FORT MYERS FL 33908  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 16681 MCGREGOR BLVD #104

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 16681 MCGREGOR BLVD #104

City &amp; State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/11/1988

4. FEI Number

65-0114900

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

TOP MGMT. SO SOUTHWEST FL. INC.  
16681 MCGREGOR BLVD.  
SUITE 207  
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

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

83

STE 104

84 City

FL

85 Zip Code

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 ☐ DELETE  
NAME OLSEN, MAURICE  
STREET ADDRESS 16530 GINGER LANE, #212  
CITY-ST-ZIP FORT MYERS FL 33908TITLE VD ☐ DELETE  
NAME GERSTENBERGER, SHIRLEY  
STREET ADDRESS 16570 GINGER LAND, #220  
CITY-ST-ZIP FT. MYERS FL 33908TITLE STD ☐ DELETE  
NAME STEPHAN, GEORGE  
STREET ADDRESS 16570 GINGER LANE, #219  
CITY-ST-ZIP FORT MYERS FL 33908TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 JAN 99

(941) 466-3330

Date

Daytime Phone #

CR2E037 (11/98)