

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90254 004 \*\*\*\*61.25

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<b>DOCUMENT # N25843</b> 1. Entity Name <b>CINNAMON COVE VILLAS IV CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>15660 SAN CARLOS BLVD #40</b> <b>FORT MYERS, FL 33908 US</b>			Mailing Address <b>15660 SAN CARLOS BLVD #40</b> <b>FORT MYERS, FL 33908 US</b>		
2. Principal Place of Business <b>11595 KELLY ROAD</b> Suite, Apt. #, etc. <b>#309</b> City & State <b>FT. MYERS, FL</b> Zip <b>33908</b>		3. Mailing Address <b>11595 KELLY ROAD</b> Suite, Apt. #, etc. <b>#309</b> City & State <b>FT. MYERS, FL</b> Zip <b>33908</b>		04212005 Chg-NP CR2E037 (10/03)	
Country <b>LEE</b>		Country <b>LEE</b>		4. FEI Number <b>65-0114900</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>P &amp; M PROPERTY MANAGEMENT</b> <b>15660 SAN CARLOS BLVD #40</b> <b>FORT MYERS, FL 33908</b>			7. Name and Address of New Registered Agent Name <b>ARLENE O'NEILL</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O COASTAL ASSOC. MGMT.</b> <b>11595 KELLY ROAD #309</b> City <b>FT. MYERS</b> State <b>FL</b> Zip Code <b>33908</b>		
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><i>Arlene O'Neill</i></u> DATE <u>4/24/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE PD NAME MATUSZAK, WILLIAM STREET ADDRESS 1660 GINGER LANE #238 CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE D NAME MATUSZAK, WILLIAM STREET ADDRESS 10600 GINGER LANE #238 CITY-ST-ZIP FT. MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME BUSS, RONALD STREET ADDRESS 16520 GINGER LN #207 CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP NAME RISSMANN, SHELDON STREET ADDRESS 15111 CARAVEL CIRCLE #221 CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE D NAME RISMANN, SHELDON STREET ADDRESS 11511 CARAVEL CIRCLE CITY-ST-ZIP FT. MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME STUCKEMEYER, JACK STREET ADDRESS 16530 GINGER LANE #213 CITY-ST-ZIP FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE VD NAME FRISWOLD, CAROLE STREET ADDRESS 10600 GINGER LANE #230 CITY-ST-ZIP FT. MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SINGER, ELIZABETH STREET ADDRESS 16520 SINGER LANE #209 CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE PD NAME SINGER, ELIZABETH STREET ADDRESS 16520 GINGER LANE #209 CITY-ST-ZIP FT. MYERS, FL 33908	<input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Ronald W. Buss</i></u> <b>Ronald W. Buss</b>			Date <u>4-24-05</u> Daytime Phone # <u>239-267-8337</u>		