


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90192 014 \*\*\*\*61.25

<b>DOCUMENT # N25843</b>	
1. Entity Name <b>CINNAMON COVE VILLAS IV CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>11595 KELLY ROAD # 309 FORT MYERS, FL 33908 US</b>	Mailing Address <b>11595 KELLY ROAD # 309 FORT MYERS, FL 33908 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02162006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0114900</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>O'NEIL, ARLENE C/O COSATAL ASSOC. MGMT 11595 KELLY ROAD # 309 FORT MYERS, FL 33908</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATUSZAK, WILLIAM <input checked="" type="checkbox"/> Delete 1660 GINGER LANE #238 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BUSS, RONALD <input type="checkbox"/> Delete 16520 GINGER LN # 207 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RISSMANN, SHELDON <input type="checkbox"/> Delete 15111 CARAVEL CIRCLE #221 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FRISWOLD, CAROLE <input type="checkbox"/> Delete 16550 GINGER LANE # 230 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SINGER, ELIZABETH <input type="checkbox"/> Delete 16520 SINGER LANE #209 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D La Bianca, DOROTHY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 16590 GINGER LN #249 FT. 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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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:** *Ronald W. Buss* **Ronald W. Buss** **3-8-06** **239-267-8337**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #