## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## 20**4**

## **DOCUMENT # N25843**

1. Entity Name
CINNAMON COVE VILLAS IV CONDOMINIUM
ASSOCIATION, INC.



FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90815 025 \*\*\*\*61.25

						( ) E							
11595 KELLY ROAD 11 # 309 #				iailing Address 11595 KELLY ROAD # 309 ORT MYERS, FL 33908 US				• ~					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address													
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				03122007	Chg-NP	CR2E0	37 (12/06)		
City & State			Cit	City & State				CE 0144000			pplied For of Applicable		
Zip Country			Zip	ip Country				5. Certificate	of Status Desired		\$8.75 Ad Fee Require	ditional	
	6. Name	and Address of Curre	ınt Registere	d Agent				7. Name and	Address of New	Registered	Agent		
						Name							
O'NEIL, ARLENE C/O COSATAL ASSOC. MGMT 11595 KELLY ROAD # 309						Street Add	Street Address (P.O. Box Number is Not Acceptable)						
	ERS, FL 3										· ·-		
				Cit						FL	Zip Coo	le	
8. The above	named entity	submits this statemen	t for the purp	ose of changing its	register	ed office or r	registere	ed agent, or bot	h, in the State of F	Torida. Iam	familiar with,	and accept	
the obligat	tions of registe	ered agent.											
SIGNATURE .	Signature, typed o	or printed name of registered ac	gart and title if app	licable. (NOT	E: Registere	d Agent signature	beniuper e	when reinstating)		DATE		<del></del>	
Filing Fee is \$61.25			I	9. Election Campaign Financing									
			1	9. Flection Car	mnainn I-	งกลกดเกด		\$5.00	1	Make chec		^	
	_	ay 1, 2007		Trust Fund (			⊐	\$5.00 May B Added to Fees	•	Make checi orida Depar			
10.	_		DIRECTORS					Added to Fees	Fic	orida Depar	rtment of S	tate	
10. TILE	_	ay 1, 2007	DIRECTORS	Trust Fund (	Contributi	ion.		Added to Fees	•	orida Depar	rtment of S	tate	
	Due by M	officers and	DIRECTORS		Contribut	ion.		Added to Fees	Fic	orida Depar	rtment of S	tate	
TITLE NAME STREET ADDRESS	ST BUSS, RO 16520 GIN	OFFICERS AND NALD IGER LN # 207	DIRECTORS	Trust Fund (	11.	ion.		Added to Fees	Fic	orida Depar	rtment of S	tate	
TITLE NAME	ST BUSS, RO 16520 GIN FORT MYE	OFFICERS AND	DIRECTORS	Trust Fund (	11. TITLE NAME STREE	E E ET ADDRESS	A	Added to Fees	FIG ANGES TO OFFIC	<b>Orida Depar</b> ERS AND DI	rtment of S RECTORS IN Change	tate 110 Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME	ST BUSS, RO 16520 GIN FORT MYE D RISSMANI	OFFICERS AND OFFICERS AND ONALD IGER LN # 207 ERS, FL 33908 N, SHELDON		Trust Fund (	11. TITLE NAME STREE CITY TITLE NAME	E E ET ADDRESS	A	Added to Fees	FIG ANGES TO OFFIC	<b>Orida Depar</b> ERS AND DI	rtment of S RECTORS IN Change	tate 110 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS	ST BUSS, RO 16520 GIN FORT MYE D RISSMANI 15111 CAF	OFFICERS AND		Trust Fund (	11. THE NAME STREET CITY THE NAME STREET CITY	E E ET ADDRESS	A	Added to Fees	FIG ANGES TO OFFIC	<b>Orida Depar</b> ERS AND DI	rtment of S RECTORS IN Change	tate 110 Addition	
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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 peediver 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGINGS OFFICER OR DIRECTOR

Date

Date

Description of the recently first the month of the month of the property of the property of the composition of the same legal effect as if made under oath; that I am a officer or director of the corporation or the specific that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.