

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25843

FILED
Mar 25, 2009
Secretary of State

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

Current Principal Place of Business:

11595 KELLY ROAD
309
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

11595 KELLY ROAD
309
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 65-0114900 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'NEIL, ARLENE
C/O COSATAL ASSOC. MGMT
11595 KELLY ROAD # 309
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

O'NEILL, ARLENE
C/O COASTAL ASSOC. MGMT
11595 KELLY ROAD # 309
FORT MYERS, FL 33908 US

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.

SIGNATURE: ARLENE O'NEILL

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MAIKUT, MICHAEL
Address: 16570 GINGER LN 217
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: HIBLER, GENE
Address: 16600 GINGER LN 236
City-St-Zip: FORT MYERS, FL 33908

Title: PD () Delete
Name: PAIGE, ELIZABETH
Address: 16520 SINGER LANE #209
City-St-Zip: FORT MYERS, FL 33908

Title: PD () Delete
Name: LABIANCA, DOROTHY
Address: 16590 GINGER LN 249
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: DEFONZO, ELENA
Address: 16540 GINGER LANE 198
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: MAIKUT, MICHAEL
Address: 16570 GINGER LN 217
City-St-Zip: FORT MYERS, FL 33908

Title: VP (X) Change () Addition
Name: HIBLER, GENE
Address: 16600 GINGER LN 236
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Change () Addition
Name: PAIGE, ELIZABETH
Address: 16520 GINGER LANE #209
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY LABIANCA

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date