

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26722

FILED
Mar 16, 2009
Secretary of State

Entity Name: CINNAMON COVE TERRACE CONDOMINIUM V ASSOCIATION, INC.

Current Principal Place of Business:

11460 CARAVEL CIRCLE
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

C/O COP MANAGEMENT
16681 MCGREGOR BLVD 104
FT. MYERS, FL 33908 US

New Mailing Address:

C/O TOP MANAGEMENT
16681 MCGREGOR BLVD 104
FORT MYERS, FL 33908 US

FEI Number: 65-0114989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOP MANAGEMENT OF SOUTHWEST FL., INC.
16681 MCGREGOR BLVD.
STE 104
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BLAKE, ROBERT W
Address: 11460 CARAVEL CIR, # 5013
City-St-Zip: FORT MYERS, FL 33908

Title: P () Delete
Name: WALLACE, TOM
Address: 11460 CARAVEL CIR #5017
City-St-Zip: FT MYERS, FL 33908

Title: TD () Delete
Name: BAKER, ALLEN
Address: 11460 CARAVEL CIRC 5014
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: TINES, STEFAN
Address: 11460 CARAVEL CIRCLE, #5027
City-St-Zip: FT MYERS, FL 33908

Title: VP (X) Delete
Name: JENNINGS, DONALD
Address: 16681 MCGREGOR BLVD, # 104
City-St-Zip: FT. MYERS, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALLACE, TOM
Address: 11460 CARAVEL CIRCLE #5017
City-St-Zip: FORT MYERS, FL 33908

Title: VP (X) Change () Addition
Name: JENNINGS, DON
Address: 11460 CARAVEL CIR #5028
City-St-Zip: FORT MYERS, FL 33908

Title: TREA (X) Change () Addition
Name: BAKER, ALLEN
Address: 11460 CARAVEL CIRCLE # 5014
City-St-Zip: FORT MYERS, FL 33908

Title: SECD (X) Change () Addition
Name: BLAKE, ROBERT
Address: 11460 CARAVEL CIRCLE, #5013
City-St-Zip: FORT MYERS, FL 33908

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: TOM WALLACE

P

03/16/2009

Electronic Signature of Signing Officer or Director

Date