

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90044 006 \*\*\*\*61.25

<b>DOCUMENT # N32999</b> 1. Entity Name <b>CINNAMON COVE TERRACE CONDOMINIUM VI ASSOCIATION, INC.</b>					
Principal Place of Business <b>11500 CARAVEL CIRCLE FT. MYERS, FL 33908 US</b>			Mailing Address <b>C/O TOP MANAGEMENT 16681 MCGREGOR BLVD 104 FT. MYERS, FL 33908 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>13611 MCGREGOR BLVD STE 6</b>			
City & State <b>FORT MYERS FL</b>		City & State <b>FORT MYERS FL</b>		4. FEI Number <b>65-0162830</b>	
Zip <b>33908</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TOP MANAGEMENT OF SW FLORIDA INC 16681 MCGREGOR BLVD STE 104 FT. MYERS, FL 33908</b>		7. Name and Address of New Registered Agent Name <b>APEX MANAGEMENT SERVICES</b> Street Address (P.O. Box Number is Not Acceptable) <b>13611 MCGREGOR BLVD</b> <b>STE 6</b> City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33919</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>Grace J. Murray, CAM</i></u> <b>GRACE J. MURRAY, CAM</b> <b>4-10-08</b> <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 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORSTROM, HAROLD 11500 CARMET CIR #4025 FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORGAN, WOODROW 11500 CARAVEL CIRCLE #4029 FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIORDAN, GEORGE 11500 CARAVEL CIRCLE #4003 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD WABREK, PAUL 11500 CARAVEL CIR #4024 FT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARPER, MATTHEW 11500 CARAVEL CIR. #4030 FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROY, FERNAND 11500 CARAVEL CIR. #4013 FORT MYERS FL 33908	<input type="checkbox"/> Delete			
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: <u><i>Matthew Harper</i></u> <b>MATTHEW HARPER</b> <b>4-10-08(239)</b> <b>437-8400</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

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