

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90041 011 ****61.25

DOCUMENT # N36049

1. Entity Name

**CINNAMON COVE TERRACE CONDOMINIUM VII
ASSOCIATION, INC.**



Principal Place of Business

**11540 CARAVEL CIRCLE
FORT MYERS FL 33908
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0166230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOP MANAGEMENT OF SW FLORIDA INC.
16681 MCGREGOR BLVD.
STE 104
FORT MYERS FL 33908**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	PD	<input type="checkbox"/> Delete
NAME	BADSKEY, JERRY	
STREET ADDRESS	11540 CARAVEL CIR #3001	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLOCKER, LARRY	
STREET ADDRESS	11540 CARAVEL CIR #3016	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WAX, MARILYN	
STREET ADDRESS	11540 CARAVEL CIRCLE 3018	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BLOCKER, LARRY	
STREET ADDRESS	11540 CARAVEL CIR #3016	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, PHIL	
STREET ADDRESS	11540 CARAVEL CIR. #3022	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CONRON, R	
STREET ADDRESS	11540 CARAVEL CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33908	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONROY, R.	
STREET ADDRESS	11540 CARAVEL CIR #3004	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Marilyn Wax

MARILYN WAX

April 11/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #