2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N36049

1. Entity Name CINNAMON COVE TERRACE CONDOMINIUM VII ASSOCIATION, INC.



FILED Apr 11, 2006 8:00 am Secretary of State

04-11-2006 90109 007 ****61.25

						The same of						
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.					01132006	Chg-NP	CR2E	037 (11/05))
City & State			City & State			•		4. FEI Numbe 65-016				Applied For Not Applicable
Zip Country			Zip	Zip Cou				5. Certificate of Status Desired S8.75 Additions Fee Required				
6. Name and Address of Current I			Registered	gistered Agent				7. Name and Address of New Registered Agent				
						Name						
TOP MANAGEMENT OF SW FLORIDA II 16681 MCGREGOR BLVD. STE 104			IC.			Street Address (P.O. Box Number is Not Acceptable)						
FORT MY	ERS, FL 3	33908										
•							FL					ode
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.												
		, r										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE												
	Filina Fo	e is \$61,25		9. Election Can	nnainn F	inancino				Maka ab	ck payable	to
*,	_	Ray 1, 2006		Trust Fund C				\$5.00 May B Added to Fees			eartment of	
10.	_	-	RECTORS				<u> </u>	Added to Fees	F	iorida Dep	artment of	State
10.	_	Ray 1, 2006	RECTORS		ontributi	ion.	<u> </u>	Added to Fees DDITIONS/CH		iorida Dep	artment of	State IN 10
	Due by N	OFFICERS AND DIF	RECTORS	Trust Fund C	ontributi	ion.	A	Added to Fees DDITIONS/CH	F	iorida Dep	DIRECTORS	State IN 10
TITLE NAME STREET ADDRESS	PD BADSKE 11540 CA	OFFICERS AND DIF (, JERRY RAVER CIR #3001	RECTORS	Trust Fund C	11. TITLE NAM	E ET ADDRESS	A	Added to Fees DDITIONS/CH	F	iorida Dep	DIRECTORS	State IN 10
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indicated on this report or supplied with this limit does not quality for the exemptions committed in chapter 119, Horizot statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am and accurate and that my signature shall have the same legal effect as if made under oath; that I am and 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: