

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-11-2006 90109 007 \*\*\*\*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



01132008 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0166230

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

Filing Fee is \$61.25  
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME BADEKEY, JERRY ☐ Delete  
STREET ADDRESS 11540 CARAVEL CIR #3001  
CITY-ST-ZIP FT. MYERS, FL 33908

TITLE *Pres*  
NAME *Jerry Badeskey* ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VSD-  
NAME BLOCKER, LARRY ☒ Delete  
STREET ADDRESS 11540 CARAVEL CIR #3016  
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE *VP/IS*  
NAME *GLENTON SANDOZ* ☐ Change ☒ Addition  
STREET ADDRESS *11540 CARAVEL CIR*  
CITY-ST-ZIP *FT MYERS FL 33908*

TITLE TD  
NAME WAX, MARILYN ☐ Delete  
STREET ADDRESS 11540 CARAVEL CIRCLE 3018  
CITY-ST-ZIP FT MYERS, FL 33908

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ASD  
NAME CONROY, R ☐ Delete  
STREET ADDRESS 11540 CARAVEL CIR #3004  
CITY-ST-ZIP FT. MYERS, FL 33908

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ~~0-~~  
NAME ~~WALTERS, PHIL~~ ☒ Delete  
STREET ADDRESS ~~11540 CARAVEL CIR #3022~~  
CITY-ST-ZIP ~~FORT MYERS, FL 33908~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE AS  
NAME CONROY, R ☐ Delete  
STREET ADDRESS 11540 CARAVEL CIRCLE  
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE *DR*  
NAME *WALTERS, CHARLOTTE* ☐ Change ☒ Addition  
STREET ADDRESS *11540 CARAVEL CR*  
CITY-ST-ZIP *FT MYERS FL 33908*

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06

Date

432-5470

Daytime Phone #