

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36049

FILED
Mar 04, 2009
Secretary of State

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

Current Principal Place of Business:

11540 CARAVEL CIRCLE
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

C/O APEX MANAGEMENT
13611 MCGREGOR BLVD, SUITE 6
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0166230 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

APEX MGMT SCVS OF LEE COUNTY, INC.
13611 MCGREGOR BLVD
SUITE 6
FORT MYERS, FL 33919 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: STD () Delete
Name: GLENTON, SANDRA
Address: 11540 CARAVEL CIR #3030
City-St-Zip: FORT MYERS, FL 33908

Title: PD () Delete
Name: WAX, MARILYN
Address: 11540 CARAVEL CIRCLE 3018
City-St-Zip: FT MYERS, FL 33908

Title: D () Delete
Name: SOUTHWELL, GEORGE
Address: 11540 CARAVEL CIR #3012
City-St-Zip: FT. MYERS, FL 33908

Title: VD () Delete
Name: WALTERS, CHARLOTTE
Address: 11540 CARAVEL CIR #3022
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: KAVANAUGH, DANIEL
Address: 11540 CARAVEL CIR #3007
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: WAX, MARILYN
Address: 11540 CARAVEL CIRCLE #3018
City-St-Zip: FT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARILYN WAX

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date