2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N05000012559

Entity Name: CINNAMON GROVE VILLAGE PROPERTY AND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1324 SOUTH CENTRAL AVENUE
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

1324 SOUTH CENTRAL AVENUE
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 27-0136222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERS, MARY
1324 SOUTH CENTRAL AVENUE
FLAGLER BEACH, FL 32136 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: D ( ) Delete
Name: ANDERS, MARY
Address: 1324 SOUTH CENTRAL AVENUE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D ( ) Delete
Name: ANDERS, CHARLES
Address: 1324 SOUTH CENTRAL AVENUE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D ( ) Delete
Name: ABEL, AARON
Address: 11 SIXTEENTH STREET
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete
Name: ANDERS, TED
Address: 1324 SOUTH CENTRAL AVENUE
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARY ANDERS D 04/07/2009

Electronic Signature of Signing Officer or Director — Date