


FILE NOW: FILING FEE IS \$61.25

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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13099 (9)

1. Corporation Name
CINNAMON RIDGE COMMUNITY ASSOCIATION, INC.

Principal Place of Business 5361 W. CARDAMON PLACE P.O. BOX 232 LECANTO FL 34461 US	Mailing Address 5361 W. CARDAMON PLACE P.O. BOX 232 LECANTO FL 34461-8555 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 01/22/1986	3a. Date of Last Report 02/12/1996
4. FEI Number 59-2867750	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BOYAJAN, LEON M.
1125 STERLING RD
SUITE 4
INVERNESS FL 32650**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P OATS, RICHARD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OATS, RICHARD	1.2 NAME	
STREET ADDRESS	5370 W ROLLINGVIEW PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	1.4 CITY-ST-ZIP	
TITLE	S ETHEL OATS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETHEL OATS	2.2 NAME	
STREET ADDRESS	5370 W. ROLLING VIEW PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	2.4 CITY-ST-ZIP	
TITLE	T FARRINGTON, FULMER <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRINGTON, FULMER	3.2 NAME	
STREET ADDRESS	290 S SPICEWOOD TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	3.4 CITY-ST-ZIP	
TITLE	D BODE, MARTHA <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODE, MARTHA	4.2 NAME	
STREET ADDRESS	5208 W. CARDAMON PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	4.4 CITY-ST-ZIP	
TITLE	D SCHOLTZ, AGNES <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOLTZ, AGNES	5.2 NAME	
STREET ADDRESS	5255 W. ROLINGVIEW PALCE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	5.4 CITY-ST-ZIP	
TITLE	D BUTLER, NANCY <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, NANCY	6.2 NAME	
STREET ADDRESS	5330 W CARDAMON PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	6.4 CITY-ST-ZIP	
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