## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13099

(9)

FILED	
Jan 22 1998 8:00am	1
Secretary of State	

1. Corporation	Name	(-)					
CINNAMON RIDGE COMMUNITY ASSOCIATION, INC.							
Principal Place	e of Business	Mailing Address					
5361 W. CARDA	AMON PLACE	5361 W. CARDAMON PLACE	Ē		3. Date Incorporated or Qualified		1
P.O. BOX 232	4404	P.O. BOX 232			01/22/1986		
LECANTO FL 34461 LECANTO FL 34461 US US					4. FEI Number	A	pplied For
"					59-2867750	No	ot Applicable
	ace of Business	2a. Mailing Address		•	5. Certificate of Status Desired		Additional
21		26					equired
Suite, Apt. #, etc.					6. Election Campaign Financing	\$5.00	
22					Trust Fund Contribution		
23	•	28			7. is this nonprofit corporation a ho	meowners associatio	on?
Zip	Country	Zip .	Country		8. This corporation owes or has pa	<del></del>	tangible
24	25		30		Personai Property Tax due June		□ No
	9. Name and Address of Current				10. Name and Address of New Re		
			81	Name			
BOYAJA	N, LEON M.		82	Street Addre	ss (P.O. Box Number is Not Acceptab	nle)	
	ERLING RD		] ]	Ou cot madic	is (i.e. sox italise is not receptas		
SUITE 4			83				
INVERNE	ESS FL <del>32650</del> 34450		84	City		85 Zip	Code
			1	•		FL	•
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the above-r	named corpo	oration submits this statement for the pon's board of directors. I hereby accep	ourpose of changing in	ts registered
agent. I ar	π familiar with, and accept the obliga	tions of, Section 617.0503, Flor	ida Statutes.	ine corporate	on a board of directors. Thereby about	or the appearance as	709,515764
ŀ							
SIGNATURE_							
	Signature, typed or printed name of registered ager	11		signature requirer	d when reinstating)	DATE	35 IN 12
12,	OFFICERS AND	11	13.	signature requirer	d when reinstating) ADDITIONS/CHANGES TO OFFIC		RS IN 12
12. TITLE	OFFICERS AND	DIRECTORS	13. 1.1 TITLE	signature requirer		ERS AND DIRECTOR	
12. TITLE NAME	P OATS, RICHARD	DIRECTORS DELETE	13.			ERS AND DIRECTOR	
12. TITLE NAME STREET ADDRESS	P OATS, RICHARD 5370 W ROLLINGVIEW PLACE	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET AU	DDRESS		ERS AND DIRECTOR	
12. TITLE NAME	P OATS, RICHARD	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	DDRESS		ERS AND DIRECTOR	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OATS, RICHARD 5370 W ROLLINGVIEW PLACE LECANTO FL	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET AU 1.4 CITY-ST-	DDRESS		ERS AND DIRECTOR  Change	Addition 5
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4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

IGNATURE:

1-12-98

(352)746-1465