## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N13099

Suite, Apt. #, etc.

City & State

CINNAMON RIDGE COMMUNITY ASSOCIATION, INC.

District Continues	Mailing Address				
Principal Place of Business 5361 W. CARDAMON PLACE P.O. BOX 232 LECANTO FL 34461 US	5361 W. CARDAMON PLACE P.O. BOX 232 LECANTO FL 34460 US				
Principal Place of Business     The Principal Place of Business     The Principal Place of Business	2a. Mailing Address 26				
Suite Ant # etc	Suite, Apt. #, etc.				

27

City & State

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90037 030 \*\*\*\*61.25

990072 - 90037 - 302

Applied For

\$8.75 Additional

Fee Required

Not Applicable



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

01/22/1986

59-2867750

4. FEI Number

Zip Country Zip Country 6. Election Campaign Financing 5.00 May Be Added to Fees	<b>一 </b>		28						1001104			
3. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. Name  8. Name and Address of New Registered Agent  8. Name  8. Name  8. Name  8. Name  8. Name  8. Name  8. Oty  9. Oty	23	Country					1 0. Licotion campaign					
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 SUTE 4 1125 STERLING RD SUITE 4 1NVERNESS FL 32850 34450 44 City FL 85 Zip Code 14. 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 agent. I am familiar with, and accept the obligations of 5.26505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligation of 77.0502 and 617.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligation of 57.0505. Florida Statutes.  SIGNATURE  11. Pursuant to the provisions of Sections 617.0502 and 617.0505. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. CITY ST.2P  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. Change Addition  17. Change Addition  17. SAMME 17. SAMME STREET ADDRESS 18. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. CITY ST.2P  19. CLECATTO FL  19. CLECATTO FL  19. CLECATTO FL  20. CLIFFORD E. RANDALL 29. S. HONEY BEAR WAY  19. CLANTO FL  20. S. HONEY BEAR WAY  19. Change Addition  19. Change Addition  19. SAMME 19. SAMME SAMME ACCEPTANCESS 19. S. STREET ADDRESS 19. S. HONEY BEAR WAY  19. Change Addition  19. Change	<b>一</b> ・	'	<b>├</b> ── '	30			Trust Fund Contribution					
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SIGNATURE    Signature, typed or printed name of registered agent and after if applicable.   NOTE Registered Agent algorature required when rematating)   DATE	11. Pursuant office or re	to the provisions of Sections 617,0502 egistered agent, or both, in the State of	and 617.1508, f Florida. Such ons of Section	Florida Statutes, the change was author 617.0503, Florida	ne above rized by Statutes	e-named of the corpo	corporation submits this statement for the progration's board of directors. I hereby accept	the appoint	ment as reg	istered		
Signature. Nyped or printed name of regulatered agent and title of applications. (INTEX. Reportanced Agent agent and public of applicable.)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  NAME  OATS, RICHARD  STREET ADORESS  STOW ROLLINGVIEW PLACE  LECANTO FL  TO  NAME  STREET ADORESS		III Idiffilia Willi, dilo Goodh alo obligani										
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	CITY-ST-ZIP	certify that the information supplied will	th this filing doe	es not qualify for the	e exemp	tion state	d in Section 119.07(3)(i), Florida Statutes.	further cer	tify that the i	nformation		

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made didds of indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made didds of indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made didds of the same legal effect as it made didd effect as it made didds of the same legal effect as it made didds of the same legal effect as it made didds of the same legal effect as it made didd effect as it made didd effect as it made didds of the same legal effect as it made didd effect as it made did

SIGNATURE: