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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13099

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 34460
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

01/22/1986

4. FEI Number

59-2867750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BOYAJAN, LEON M.
1125 STERLING RD
SUITE 4
INVERNESS FL 32650 34450

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

TITLE ☐ DELETE

NAME **P**
OATS, RICHARD
STREET ADDRESS **5370 W ROLLINGVIEW PLACE**
CITY-ST-ZIP **LECANTO FL**

TITLE ☐ DELETE

NAME **S**
ETHEL OATS
STREET ADDRESS **5370 W. ROLLING VIEW PLACE**
CITY-ST-ZIP **LECANTO FL**

TITLE ☒ DELETE

NAME **T**
SMITH, KEN
STREET ADDRESS **5395 CINNAMON RIDGE DR**
CITY-ST-ZIP **LECANTO FL**

TITLE ☐ DELETE

NAME **D**
BODE, MARTHA
STREET ADDRESS **5208 W. CARDAMON PLACE**
CITY-ST-ZIP **LECANTO FL**

TITLE ☐ DELETE

NAME **D**
SCHOLTZ, AGNES
STREET ADDRESS **5255 W. ROLINGVIEW PALCE**
CITY-ST-ZIP **LECANTO FL**

TITLE ☐ DELETE

NAME **D**
BREWSTER, ROBERT
STREET ADDRESS **5208 W CARDAMON PL**
CITY-ST-ZIP **LECANTO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T
CLIFFORD E. RANDALL
290 S. HONEY BEAR WAY
LECANTO, FL. 34461

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Richard B Oats* **RICHARD B OATS** 1-8-99 (352) 746-1465
PRES. Date Daytime Phone #

CD7E037 (11/98)