## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **N13099** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** CINNAMON RIDGE COMMUNITY ASSOCIATION, INC. 01-19-2000 90278 040 \*\*\*\*61.25 Principal Place of Business Mailing Address 5361 W. CARDAMON PLACE 5361 W. CARDAMON PLACE P.O. BOX 232 P.O. BOX 232 LECANTO FL 34461 LECANTO FL 34460-0232 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2867750 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required ----6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BOYAJAN, LEON M. 1125 STERLING RD SUITE 4 City Zip Code **INVERNESS FL 32650** 8. 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. 拉萨 机自动流线链点 對 组合规则则 化淀粉 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME oats. Richard HORST, BERTHA STREET ADDRESS STREET ADDRESS 5370 W ROLLINGVIEW PLACE 290 S. SPICEWOOD TER. CITY-ST-ZIP CITY-ST-ZIP <u>LECANTO FL</u> ECANTO, FL Change **Addition** TITLE ☐ Delete TITLE ETHEL OATS . NAME NAME GRAETZ, GLORIA STREET ADDRESS 303 S. SPICEWOOD TERR. STREET ADDRESS 5370 W. ROLLING VIEW PLACE CITY-ST-ZIP-CITY-ST-ZIP, LECANTO FL LECANTO FL ☐ Change ☐ Addition TITLE X Delete TITLE RANDALL, CLIFFORD E NAME NAME STREET ADDRESS STREET ADDRESS 290 S. HONEY BEAR WAY CITY-ST-ZIP CITY-ST-ZIP <u>LECANTO FL 34461</u> Delete TITLE Change ☐ Addition BODE, MARTHA NAME STREET ADDRESS STREET ADDRESS 5208 W. CARDAMON PLACE CITY-ST-ZIP CITY-ST-ZIP <u>Lecanto fl</u> TITI F ☐ Delete TITLE Change ☐ Addition NAME SCHOLTZ, AGNES NAME STREET ADDRESS STREET ADDRESS 5255 W. ROLINGVIEW PALCE CITY-ST-ZIP CITY-ST-ZIP <u>Lecanto fl</u> ☐ Delete Change ☐ Addition TITLE TITLE NAME BREWSTER, ROBERT NAME STREET ADDRESS STREET ADDRESS 5208 W CARDAMON PL CITY-ST-ZIP CITY-ST-ZIP lecanto fl

indicated on this report or supplemental 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 10 or Block 11 if schanged, or on an attachment with an address, with all other like SIGNATURE

12. Thereby 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