


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90242 017 \*\*\*\*61.25

**DOCUMENT # N13099**  
 1. Entity 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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

01102006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2867750**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BOYAJAN, LEON M.**  
 1125 STERLING RD  
 SUITE 4  
 INVERNESS, FL 32650

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORST, JAMES E 290 S SPICE WOOD TERRACE LECANTO, FL 34461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ron Higgins 5041 W. Rolling View Place Lecanto, FL 34461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RANDALL, CLIFFORD 290 S. HONEY BEAR WAY LECANTO, FL 34461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bill Wooden 5240 W. Cardamon Place Lecanto FL 34461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORST, BERTHA 290 S. HONEY BEAR WAY LECANTO, FL 34461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Marie Oats 5370 W. Rolling View Place Lecanto, FL 34461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BODE, MARTHA 5208 W. CARDAMON PLACE LECANTO, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Oats 5370 W. Rolling View Place Lecanto FL 34461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOSTER, CLARISSA 405 S. SPICE WOOD TERRACE LECANTO, FL 34461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Francis Long 5303 W. Rolling View Place Lecanto, FL 34461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREETZ, GLORIA 303 S. SPICEWOOD TERRACE LECANTO, FL 34461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shirley Morgan 477 S. Honey Bear Way Lecanto FL 34461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Marie Oats, Treas.* 1-12-2006 1-352-746-1465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #