

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13099

FILED
Jan 04, 2007
Secretary of State

Entity Name: CINNAMON RIDGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

5361 W. CARDAMON PLACE
P.O. BOX 232
LECANTO, FL 34461 US

New Principal Place of Business:

Current Mailing Address:

5361 W. CARDAMON PLACE
P.O. BOX 232
LECANTO, FL 34460 US

New Mailing Address:

FEI Number: 59-2867750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HIGGINS, RON
Address: 5401 W ROLLING VIEW PLACE
City-St-Zip: LECANTO, FL 34461

Title: VP () Delete
Name: WOODEN, BILL
Address: 5240 W CARDAMON PLACE
City-St-Zip: LECANTO, FL 34461

Title: T () Delete
Name: OATS, MARIE
Address: 5370 W. ROLLING VIEW PLACE
City-St-Zip: LECANTO, FL 34461

Title: D () Delete
Name: OATS, RICHARD
Address: 5370 W. ROLLING VIEW PLACE
City-St-Zip: LECANTO, FL 34461

Title: S () Delete
Name: LONG, FRANCIS
Address: 477 S. HONEY BEAR WAY
City-St-Zip: LECANTO, FL 34461

Title: D () Delete
Name: MORGAN, SHIRLEY
Address: 477 S. HONEY BEAR WAY
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HIGGINS, RON
Address: 5041 W ROLLING VIEW PLACE
City-St-Zip: LECANTO, FL 34461

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MULDER, MARGE
Address: 5375 W CARAWAY PL
City-St-Zip: LECANTO, FL 34461

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WOODEN, BEVERLY
Address: 5240 CARDAMON PL
City-St-Zip: LECANTO, FL 34461

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD HIGGINS

PRES

01/04/2007

Electronic Signature of Signing Officer or Director

Date