

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13099

FILED
Apr 17, 2009
Secretary of State

Entity Name: CINNAMON RIDGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

5361 W. CARDAMON PLACE
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:

5361 W. CARDAMON PLACE
LECANTO, FL 34461 US

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: 5041 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: MULDER, MARGE
Address: 5375 W CARAWAY PL
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: ZELANZNY, MARILYN
Address: 5281 CARDAMON PL
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: AMATO, ROBERT
Address: 5225 W ROLLING VIEW PLACE
City-St-Zip: LECANTO, FL 34461

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT AMATO

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date