

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 741775

1. Entity Name
CINNAMON HOMEOWNERS ASSOCIATION, INC.



FILED
Jul 28, 2008 08:00 AM
Secretary of State

Principal Place of Business
8199 S.W. 24TH PLACE
MIRAMAR, FL 33025

Mailing Address
8199 S.W. 24TH PLACE
MIRAMAR, FL 33025



07072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2735473

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAC IVER, STUART J ESQ
1177 SOUTHEAST 3RD AVENUE
FORT LAUDERDALE, FL 33316

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HESLER, ROBERT
STREET ADDRESS 8161 SW 24TH PL
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE VD
NAME DOMEK, DONALD
STREET ADDRESS 8100 SW 24TH PL
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE TD
NAME IRVING, PATRICK
STREET ADDRESS 8150 S.W. 24TH PLACE
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE SD
NAME COOK, ELENA
STREET ADDRESS 2351 SW 80TH TER
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/08 9545624272
Date Daytime Phone #