


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90212 049 ****61.25

DOCUMENT # 750845	
1. Entity Name	
CINNAMON LAKE NO. 3, INC., A CONDOMINIUM	

Principal Place of Business	Mailing Address
17TH WAY NORTH ST. PETERSBURG FL 33702 US	4175 EAST BAY DR #205 CLEARWATER FL 33764



1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2041510	Applied For	Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COMMUNITY MANAGEMENT CONCEPTS, INC. 4175 E. BAY DR., SUITE 205 CLEARWATER FL 33764	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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	P
NAME	RIRMAN, MARK	NAME	JOE COOPER
STREET ADDRESS	8414 17TH WAY N.	STREET ADDRESS	8377 17TH WAY N
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	ST PETE, FL 33702
TITLE	D	TITLE	T
NAME	SPITZER, RUTH	NAME	NANICA HAUN
STREET ADDRESS	8379 17TH WAY N	STREET ADDRESS	8483 17TH WAY N
CITY-ST-ZIP	ST. PETERSBURG FL	CITY-ST-ZIP	ST PETE, FL 33702
TITLE	VPD	TITLE	D
NAME	BUCKLEY, BOB	NAME	SEAN DOWNS
STREET ADDRESS	8412 17TH WAY NORTH	STREET ADDRESS	8376 17TH WAY N
CITY-ST-ZIP	ST. PETERSBURG FL 33702	CITY-ST-ZIP	ST PETE, FL 33702
TITLE	SD	TITLE	D
NAME	ROBINSON, DIANE	NAME	ALVINA MILLER
STREET ADDRESS	8423 17TH NORTH	STREET ADDRESS	8375 17TH WAY N
CITY-ST-ZIP	ST PETERSBURG FL 33702	CITY-ST-ZIP	ST PETE, FL
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date _____

Phone # _____