

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90038 001 ****61.25

DOCUMENT # 750845

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



Principal Place of Business
17TH WAY NORTH
ST. PETERSBURG, FL 33702 US

Mailing Address
4175 EAST BAY DR #205
CLEARWATER, FL 33764

40095927



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2041510

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$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

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, 2007**

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 P ☒ Delete
NAME COOPER, JOE
STREET ADDRESS 8377 17 WAY N
CITY-ST-ZIP SAINT PETERSBURG, FL 33702

TITLE P ☐ Change ☒ Addition
NAME SARA DOWN
STREET ADDRESS 8375-17TH WAY N
CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE T ☒ Delete
NAME HAUN, MONICA
STREET ADDRESS 8483 17 WAY N
CITY-ST-ZIP SAINT PETERSBURG, FL 33702

TITLE T ☐ Change ☒ Addition
NAME RUSS MAKARA
STREET ADDRESS 8378-17TH WAY N
CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE VPD ☐ Delete
NAME BUCKLEY, BOB
STREET ADDRESS 8412 17TH WAY NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE S ☐ Change ☐ Addition
NAME ALVINA MILLER
STREET ADDRESS 8375-17TH WAY N
CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE SD ☒ Delete
NAME ROBINSON, DIANE
STREET ADDRESS 8423 17TH NORTH
CITY-ST-ZIP ST PETERSBURG, FL 33702

TITLE D ☐ Change ☒ Addition
NAME MICHAEL CAMARRO
STREET ADDRESS 8378 17th way N
CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE D ☒ Delete
NAME DENNIS, SAM
STREET ADDRESS 8376 17TH WAY
CITY-ST-ZIP SAINT PETERSBURG, FL 33702

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME MILLER, ALVINA
STREET ADDRESS 8375 17 WAY N
CITY-ST-ZIP ST PETERSBURGH, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #