

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752118

FILED  
Mar 29, 2005  
Secretary of State

Entity Name: CINNAMON BAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W. SR. 434, SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W. SR. 434, SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 59-2600550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR.  
SENTRY MANAGEMENT INC  
2180 W S.R. 434, STE. 5000  
LONGWOOD, FL 32779 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: PD ( ) Delete  
Name: HOWELL, RICH  
Address: 825 GRAND CAYMEN CT  
City-St-Zip: ORLANDO, FL 32835

Title: VPD ( ) Delete  
Name: MCCOY, MARION  
Address: 7106 MARVISTA CT  
City-St-Zip: ORLANDO, FL 32835

Title: SD ( ) Delete  
Name: COTTIER, JEFF  
Address: 946 SAINT CROIX CT  
City-St-Zip: ORLANDO, FL 32835

Title: TD ( ) Delete  
Name: SMITH, MONIQUE  
Address: 987 BEACH BREEZE DR  
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete  
Name: WRIGHT, NORMAN  
Address: 826 GRAND CAYMAN CT  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: WRIGHT, NORMAN  
Address: 826 GRAND CAYMAN CT  
City-St-Zip: ORLANDO, FL 32835

Title: TD (X) Change ( ) Addition  
Name: COTTIER, JEFF  
Address: 946 SAINT CROIX CT  
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Change ( ) Addition  
Name: COLEMAN, MARGARET  
Address: 904 GRAND CAYMAN CT  
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICH HOWELL

PD

03/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date