

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752118

FILED
Apr 23, 2009
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: TD () Delete
Name: HOWELL, RICH
Address: 825 GRAND CAYMEN CT
City-St-Zip: ORLANDO, FL 32835

Title: PD () Delete
Name: COLEMAN, MARGARET
Address: 904 GRAND CAYMAN CT
City-St-Zip: ORLANDO, FL 32835

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

Title: VPD () Delete
Name: BLAZEJEWSKI, CRAIG
Address: 7129 MARVISTA CT
City-St-Zip: ORLANDO, FL 32835

Title: SD () Delete
Name: BOYER, REGINA
Address: 941 BEACH BREEZE DR
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: HOWELL, RICHARD
Address: 825 GRAND CAYMEN CT
City-St-Zip: ORLANDO, FL 32835

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

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

Title: SD (X) Change () Addition
Name: BLAZEJEWSKI, CRAIG
Address: 7129 MARVISTA CT
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Change () Addition
Name: BOYER, REGINA
Address: 133 DUNDEE RD
City-St-Zip: DAYTONA BEACH, FL 32118

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: MARGARET COLEMAN

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date