

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756627

FILED
Apr 20, 2009
Secretary of State

Entity Name: CINNAMON TREE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4120 NW CINNAMON CIR
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

Current Mailing Address:

4120 NW CINNAMON CIR
SUITE 100
JENSEN BEACH, FL 34957 US

New Mailing Address:

FEI Number: 59-2128360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, MARY R ESQ.
850 NW FEDERAL HWY
STUART, FL 34994 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: D () Delete
Name: KELLY, JOHN
Address: 4039 CINNAMON CIRCLE
City-St-Zip: JENSEN BEACH, FL 34957

Title: VP () Delete
Name: WALLACE, CHARLES
Address: 3919 CINNAMON CIRCLE
City-St-Zip: JENSEN BEACH, FL 34957

Title: TD () Delete
Name: CIOFFERO, DOUGLAS
Address: 3991 CINNAMON CIRCLE
City-St-Zip: JENSEN BEACH, FL 34957

Title: P () Delete
Name: GREEN, CARLA
Address: 3967 NW CINNAMON CIRCLE
City-St-Zip: JENSEN BEACH, FL 34957

Title: S () Delete
Name: PITTMAN, EILEEN
Address: 3915 CINNAMON CIRCLE
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: FINNEGAN, DAVE
Address: 4049 NW CINNAMON CIRCLE
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WOOLSTON, BRENDA
Address: 3055 NW STONEYCREEK
City-St-Zip: JENSEN BEACH, FL 34957

Title: P (X) Change () Addition
Name: WALLACE, CHARLES
Address: 3919 CINNAMON CIRCLE
City-St-Zip: JENSEN BEACH, FL 34957

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

Title: D (X) Change () Addition
Name: GREEN, CARLA
Address: 3141 MORNINGSIDE CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34952

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

Title: VP (X) Change () Addition
Name: PORCELLI, RALPH
Address: c/o COASTAL MGMT., INC
City-St-Zip: 941 CENTRAL PKWY
STUART, FL 34994

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: CHARLES WALLACE

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date