

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F62330 (8)

1. Corporation Name

SOUTHERN MORTGAGE ASSOCIATES, INC.

Principal Place of Business

1570 MADRUGA, SUITE 300
CORAL GABLES FL 33146

Mailing Address

1570 MADRUGA, SUITE 300
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Reinstated
02/17/1982

3a. Date of Last Report
01/20/1994

4. FID Number
59-2255818

Applied Fee
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Not Applicable ☐

\$5.00 May Be
Added to Fees

8. The corporation has liability for intangible tax under S. 199.01,
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. Date of Report

26. Date of Report

22. City and State

27. City and State

23. City and State

28. City and State

24. City and State

29. City and State

25. City and State

30. City and State

9. Name and Address of Current Registered Agent

LEVINE, EDWARD
328 MINORCA
CORAL GABLES 33134

10. Name and Address of New Registered Agent

81. Name

82. Street Address (If C/O, Box Number or Not Applicable)

83.

84.

FL

85.

City and State

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished by the corporation in this report is true and correct to the best of my knowledge and belief, and that I am a duly qualified and authorized agent of the corporation to execute this report and to file the same with the Department of State.

Signature of Agent

12.

PD
RADUNS, EDWARD B
1570 MADRUGA #300
CORAL GABLES, FL 00000
D
RADUNS, BARBARA
1570 MADRUGA #300
CORAL GABLES, FL 00000

13.

13. Agent's Certificate of Filing of Report
I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished by the corporation in this report is true and correct to the best of my knowledge and belief, and that I am a duly qualified and authorized agent of the corporation to execute this report and to file the same with the Department of State.

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished by the corporation in this report is true and correct to the best of my knowledge and belief, and that I am a duly qualified and authorized agent of the corporation to execute this report and to file the same with the Department of State.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/95 (305)6624110

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**APPROVED
AND
FILED**

05 MAY 19 11:10:15

FILED IN FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F66612

(5)

1. Corporation Name

CINNAMON RIDGE UTILITIES, INC.

Principal Place of Business

**6909 BEACH BLVD. LEISURE BEACH
HUDSON FL 34667**

Mailing Address

**6909 BEACH BLVD. LEISURE BEACH
HUDSON FL 34667**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1982

3b. Date of Last Report

04/25/1994

4. FFI Number

59-2657095

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for corporate tax under S. 209.001,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

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State, Apt. # etc.

State, Apt. # etc.

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City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAXTON, JAMES N.
6909 BEACH BLVD
HUDSON FL 34667**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 209.001 and 209.002, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office to the principal place of business in the State of Florida. If no change was authorized by the corporation's board of directors, officers, or agent the appointment of registered agent. I am typing and signing the signatures of two persons to sign Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent's Representative

Signature of Officer or Director

or

12. OFFICER, DIRECTOR, OR AGENT

NAME

13. ADDITIONAL CHANGES TO OFFICER, DIRECTOR, OR AGENT

Change Addition

NAME

**P
PAXTON, JAMES N
6909 BEACH BLVD
HUDSON FL**

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SIGNATURE:

Virginia W. Piper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-95

(813) 863-2560