
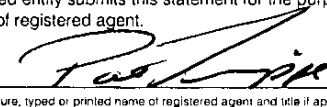
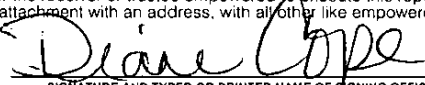


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90077 012 ****61.25

DOCUMENT # N01000002128					
1. Entity Name CINNAMON HILLS ESTATES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1620 S. MAIN STREET HIGH SPRINGS, FL 32643			Mailing Address P.O. BOX 2162 NARANJA, FL 33032		
2. Principal Place of Business - No P.O. Box # 4400 NW 36th Avenue		3. Mailing Address 4400 NW 36th Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Gainesville FL		City & State Gainesville FL		4. FEI Number 51-0440347	
Zip 32606		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COPE, ORRIN H 27232 US 1 NARANJA, FL 33032			7. Name and Address of New Registered Agent Name: Pat Tupper Street Address (P.O. Box Number is Not Acceptable): 4400 NW 36th Ave City: Gainesville FL Zip Code: 32606		
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: 		DATE: 2-26-07			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD	NAME COPE, ORRIN H		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS POST OFFICE BOX 2162	CITY-ST-ZIP NARANJA, FL 33032				
TITLE PD	NAME COPE, L. DIANE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS POST OFFICE BOX 2162	CITY-ST-ZIP NARANJA, FL 33032				
TITLE SD	NAME STEPHENS, KELLEY		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 16702 N W SR 45	CITY-ST-ZIP HIGH SPRINGS, FL 32643				
TITLE [Blank]	NAME [Blank]		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]				
TITLE [Blank]	NAME [Blank]		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]				
TITLE [Blank]	NAME [Blank]		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]				
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: 			DATE: 4/29/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		