

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002128

FILED
Jan 11, 2008
Secretary of State

Entity Name: CINNAMON HILLS ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4400 NW 36TH AVENUE
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

4400 NW 36TH AVENUE
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 51-0440347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPPE, PAT
4400 NW 36TH AVENUE
GAINESVILLE, FL 32606 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: COPE, ORRIN H
Address: POST OFFICE BOX 2162
City-St-Zip: NARANJA, FL 33032

Title: PD () Delete
Name: COPE, L. DIANE
Address: POST OFFICE BOX 2162
City-St-Zip: NARANJA, FL 33032

Title: SD () Delete
Name: STEPHENS, KELLEY
Address: 16702 N W SR 45
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COPE, ORRIN H
Address: POST OFFICE BOX 700189
City-St-Zip: GOULDS, FL 33170

Title: PD (X) Change () Addition
Name: COPE, L. DIANE
Address: POST OFFICE BOX 700189
City-St-Zip: GOULDS, FL 33170

Title: SD (X) Change () Addition
Name: STEPHENS, KELLEY
Address: 548 HATOLD TYSON RD
City-St-Zip: TIFTON, GA 31794

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: L. DIANE COPE

PD

01/11/2008

Electronic Signature of Signing Officer or Director

Date