

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002128

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

5542 NW 43 ST  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

5522 NW 43 ST  
SUITE B  
GAINESVILLE, FL 32653

**Current Mailing Address:**

5542 NW 43 ST  
GAINESVILLE, FL 32653

**New Mailing Address:**

5522 NW 43 ST  
SUITE B  
GAINESVILLE, FL 32653

**FEI Number:** 51-0440347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOSSHARDT MANAGEMENT  
5542 NW 43 ST  
GAINESVILLE, FL 32653 US

**Name and Address of New Registered Agent:**

BOSSHARDT PROPERTY MANAGEMENT LLC  
5542 NW 43 ST  
SUITE B  
GAINESVILLE, FL 32653 US

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: DEBBIE HOUDERSHELT

04/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COPE, ORRIN H  
Address: POST OFFICE BOX 349167  
City-St-Zip: FLORIDA CITY, FL 33034

Title: VPD  
Name: COPE, L. DIANE  
Address: POST OFFICE BOX 349167  
City-St-Zip: FLORIDA CITY, FL 33034

Title: SD  
Name: STEPHENS, KELLEY  
Address: 548 HATOLD TYSON ROAD  
City-St-Zip: TIFTON, GA 31794

I hereby 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 all other like empowered.

SIGNATURE: ORRIN H. COPE

PRES

04/06/2010

Electronic Signature of Signing Officer or Director

Date