## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004013

FILED Apr 01, 2010 Secretary of State

Entity Name: CINNAMON RIDGE RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O SANDCASTLE COMMUNITY MGMT. 1719 TRADE CENTER WAY #4 NAPLES, FL 34109

**Current Mailing Address:** 

**New Mailing Address:** 

C/O SANDCASTLE COMMUNITY MGMT. PO BOX 8478 NAPLES, FL 34101 C/O SANDCASTLE COMMUNITY MGMT. 1719 TRADE CENTER WAY #4

NAPLES, FL 34109

FEI Number: 65-1153917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THOMAS, BRAD 1719 TRADE CENTER WAY #4 NAPLES, FL 34109 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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Γitle: VPD

Name: HALL, ANDY

Address: 23660 COPPERLEAF BLVD. City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD

 Name:
 LOEFFLER, JOSEPH

 Address:
 23901 COPPERLEAF BLVD

 City-St-Zip:
 BONITA SPRINGS, FL 34135

Title: SD

Name: HEINZ, WILLIAM

Address: 23870 COPPERLEAF BLVD City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPD

Name: MEEKER, NANCY

Address: 23701 COPPERLEAF BLVD City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD

Name: SEABERG, JOHN

Address: 23841 COPPERLEAF BLVD City-St-Zip: BONITA SPRINGS, FL 34135

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: JOSEPH LOEFFLER PD 04/01/2010