2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2010
Secretary of State

DOCUMENT# N02000001147

Entity Name: CINNAMON BEACH AT OCEAN HAMMOCK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O MAY MANAGE,ENT
5455 A1A S
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

C/O MAY MANAGEMENT
5455 A1A S
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

C/O MAY MANAGEMENT
5455 A1A S
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 20-0001402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 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: P
Name: GIANCOLA, EDMUND
Address: 5455 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

Title: S
Name: MILO, STEVE
Address: 5455 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

Title: T/VP
Name: MONGON, MARK
Address: 5455 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D
Name: DOYLE, JAMES
Address: 5455 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D
Name: HEINES, MICHAEL
Address: 5455 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

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: EDMUND GIANCOLA P 03/25/2010

Electronic Signature of Signing Officer or Director — Date