


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90296 009 ****61.25

DOCUMENT # N02000001154			
1. Entity Name CINNAMON BEACH AT OCEAN HAMMOCK RECREATION ASSOCIATION, INC.			
Principal Place of Business 445 DOUGLAS AVENUE, SUITE 1805 ALTAMONTE SPRINGS, FL 32714		Mailing Address C/O MAY MANAGEMENT 5455 A1A SOUTH ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 1664 Green wood Blvd. #200		Suite, Apt. #, etc.	
City & State Lake Mary Fla.		City & State	
Zip 32746	Country USA	Zip	Country
6. Name and Address of Current Registered Agent MAY MGMT. SVCS. 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY - ST - ZIP	PD LENIHAN, JOHN P 445 DOUGLAS AVENUE, SUITE 1805 ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Lane Louque 1064 Greenwood Blvd. #200 Lake Mary FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WRIGHT, ROGER LANE 445 DOUGLAS AVENUE, SUITE 1805 ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Robert Paymayesh 1064 Greenwood Blvd #200 Lake Mary FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ALVAREZ, CHRISTINA D 445 DOUGLAS AVENUE, SUITE 1805 ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dan calton 1064 Greenwood Blvd #200 Lake Mary Fla. 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Daniel E. Calton		4/12/05 407-585-7353	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40068233



02182005 Chg-NP CR2E037 (10/03)

4. FEI Number
56-2297013 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required