

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90018 018 \*\*\*\*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**

**SAME**



03242006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

**910 MAY MGMT**

3. Mailing Address

Suite, Apt. #, etc.

**5455 A1A SOUTH**

Suite, Apt. #, etc.

City & State

**ST AUGUSTINE FL**

City & State

Zip

**32080**

Country

**USA**

Zip

Country

4. FEI Number  
**56-2297013**

Applied For  
Not Applicable

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

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	LOUQUE, LANE	
STREET ADDRESS	1064 GREENWOOD BLVD #200	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PAYMAYESH, ROBERT	
STREET ADDRESS	1064 GREENWOOD BLVD #200	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CALTON, DAN	
STREET ADDRESS	1064 GREENWOOD BLVD #200	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PED GIANCOLA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	548 CINNAMON BEACH LANE	
STREET ADDRESS	PALM COAST FL 32137	
CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMOTHY HICKEY	
STREET ADDRESS	5828 VIA DELLA PLATA CR	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN HICKORY	
STREET ADDRESS	700 CINNAMON BOYWAY #621	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/3/06**