

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001154

FILED
Mar 25, 2009
Secretary of State

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

Current Principal Place of Business:

% MAY MGMT
5455 A1A S
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

C/O MAY MANAGEMENT
5455 A1A SOUTH
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Mailing Address:

MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

FEI Number: 56-2297013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MGMT. SVCS.
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 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: ANNA MARKS

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HICKORY, JOHN E
Address: 700 CINNAMON BCH. WAY #621
City-St-Zip: PALM COAST, FL 32137

Title: P () Delete
Name: HICKEY, TIMOTHY
Address: 5828 VIA DE LA PLATA CIR
City-St-Zip: DELRAY BEACH, FL 33484

Title: VPT () Delete
Name: DEANGELO, CYNTHIA
Address: 1030 OCEAN WAY N.
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: CODAY, BRYAN L
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: P (X) Change () Addition
Name: DEANGELO, CYNTHIA
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VPT (X) Change () Addition
Name: MONGON, MARK
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARK MONGON

VPT

03/25/2009

Electronic Signature of Signing Officer or Director

Date