

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90169 025 ****61.25

DOCUMENT # N03000006747

1. Entity Name
CINNAMON BEACH AT OCEAN HAMMOCK
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
445 DOUGLAS AVENUE SUITE 1805
ALTAMONTE SPRINGS, FL 32714

Mailing Address
C/O MAY MANAGEMENT
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

20040370



2. Principal Place of Business

3. Mailing Address

1064 Greenwood Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 200

Ste 200

City & State

City & State

Lake Mary FL

Zip

Country

Zip

Country

32740

USA

02182005

Chg-NP

CR2E037 (10/03)

4. FEI Number
20-0148598

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAY MANAGEMENT SERVICES
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

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. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LENIHAN, JOHN P	
STREET ADDRESS	445 DOUGLAS AVENUE SUITE 1805	
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WRIGHT, ROGER LANE	
STREET ADDRESS	445 DOUGLAS AVENUE SUITE 1805	
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ALVAREZ, CHRISTINA D	
STREET ADDRESS	445 DOUGLAS AVENUE SUITE 1805	
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714	
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	LANE Louie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE Louie	
STREET ADDRESS	1064 Greenwood Blvd Suite 200	
CITY - ST - ZIP	LAKE MARY, FL 32746	
TITLE	Robert Paymayesh	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Paymayesh	
STREET ADDRESS	1064 Greenwood Blvd # 200	
CITY - ST - ZIP	LAKE MARY FL 32746	
TITLE	Dan Calton	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dan Calton	
STREET ADDRESS	1064 Greenwood Blvd # 200	
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 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

4/18/05

Date

407-535-7353

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR