

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90013 044 \*\*\*\*61.25

**DOCUMENT # N03000006747**

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



Principal Place of Business  
**1064 GREENWOOD BLVD, STE 200  
LAKE MARY, FL 32746**

Mailing Address  
**1064 GREENWOOD BLVD, STE 200  
LAKE MARY, FL 32746**

40045101



2. Principal Place of Business  
**810 MAN M BMT**

3. Mailing Address  
**5455 A1A SOUTH**

Suite, Apt. #, etc.  
**5455 A1A SOUTH**

Suite, Apt. #, etc.

City & State  
**ST AUGUSTINE FL**

City & State  
**ST AUGUSTINE FL**

Zip  
**32080**

Country  
**USA**

Zip  
**32080**

Country  
**USA**

03242006 Chg-NP CR2E037 (11/05)

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**

**MAY MANAGEMENT SERVICES  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOUGUE, LANE 1064 GREENWOOD BLVD, STE 200 LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAYMAYESH, ROBERT 1064 GREENWOOD BLVD, STE 200 LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CALTON, DAN 1064 GREENWOOD BLVD, STE 200 LAKE MARY, FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HUGH PETERS 304 MARSH PT CR ST AUGUSTINE FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMY NOVELL 800 CINNAMON BEACHWAY #764 PALM COAST FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOANNE AMI COLE-OLGEE 1100 CINNAMON BEACHWAY #1055 PALM COAST FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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

3.28.2006

Date

904-4

Daytime Phone #