

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000006747**

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



Principal Place of Business  
**C/O MAY MGMT.  
5455 A1A S  
SAINT AUGUSTINE, FL 32080**

Mailing Address  
**5455 A1A S.  
SAINT AUGUSTINE, FL 32080**



02082007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PETERS, HUGH 304 MARSH PT CIRCLE SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOVEK, AMY 800 CINNAMON BEACH WAY #764 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMICOLA-OLACE, JOANNE 1150 CINNAMON BEACH WAY #1055 PALM COAST, FL 32137
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U000000642105  
03/01/07-80029-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

*Hugh M. Peters*  
**HUGH M. PETERS**

**2-13-07**  
Date

**904-471-6827**  
Daytime Phone #