

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90015 016 ****61.25

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



01172008 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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

**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

Date

Daytime Phone #

1.24.08

904-471-1111