

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10889

FILED
Apr 23, 2009
Secretary of State

Entity Name: CINNAMON VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12600 NW HARBOUR RIDGE BLVD
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

12600 NW HARBOUR RIDGE BLVD
PALM CITY, FL 34990 US

New Mailing Address:

FEI Number: 59-2574012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE L
CORNETT, GOOG & ASSOCIATES, P.A.
401 EAST OSCEOLA ST PO BOX 66
STUART, FL 349950066 US

Name and Address of New Registered Agent:

CORNETT, JANE L
CORNETT, GOOG & ASSOCIATES, P.A.
401 EAST OSCEOLA ST.
STUART, FL 349950066 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:

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRETT, PHILIP M
Address: 12823 CINNAMON WYA
City-St-Zip: PALM CITY, FL 34990

Title: DS () Delete
Name: PIERCE, VIRGINIA
Address: 12811 CINNAMON WAY
City-St-Zip: PALM CITY, FL 34990

Title: DP () Delete
Name: BATES, CHRIS
Address: 12807 CINNAMON WAY
City-St-Zip: PALM CITY, FL 34990

Title: DT (X) Delete
Name: BRUNT, JOHN H
Address: 12825 CINNAMON WAY
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: BRUNT, JOHN
Address: 12825 CINNAMON WAY
City-St-Zip: PALM CITY, FL 34990 US

Title: DP (X) Change () Addition
Name: BATES, CHRISTOPHER
Address: 12807 CINNAMON WAY
City-St-Zip: PALM CITY, FL 34990 US

Title: DS (X) Change () Addition
Name: MCMAHON, PAUL P
Address: 12827 CINNAMON WAY
City-St-Zip: PALM CITY, FL 34990 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTOPHER BATES

DP

04/23/2009

Electronic Signature of Signing Officer or Director

Date