

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N13099

1. Entity Name
CINNAMON RIDGE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
5361 W. CARDAMON PLACE
P.O. BOX 232
LECANTO, FL 34461 US

Mailing Address
5361 W. CARDAMON PLACE
P.O. BOX 232
LECANTO, FL 34460 US



01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2867750

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOYAJAN, LEON M.
1125 STERLING RD
SUITE 4
INVERNESS, FL 32650

**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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000208245
02/01/05-80070-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HORST, JAMES E
STREET ADDRESS	290 S SPICE WOOD TERRACE
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	VP
NAME	RANDALL, CLIFFORD
STREET ADDRESS	290 S. HONEY BEAR WAY
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	T
NAME	HORST, BERTHA
STREET ADDRESS	290 S. HONEY BEAR WAY
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	D
NAME	BODE, MARTHA
STREET ADDRESS	5208 W. CARDAMON PLACE
CITY-ST-ZIP	LECANTO, FL
TITLE	S
NAME	FOSTER, CLARISSA
STREET ADDRESS	405 S. SPICE WOOD TERRACE
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	D
NAME	GREETZ, GLORIA
STREET ADDRESS	303 S. SPICEWOOD TERRACE
CITY-ST-ZIP	LECANTO, FL 34461

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IN THIS SPACE**

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:

BERTHA L. HORST Bertha Horst, Treas. 1-15-2005 **352-**
746-2656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #