2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13099

FILED Jan 17, 2008 Secretary of State

Entity Name: CINNAMON RIDGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5361 W. CARDAMON PLACE 5361 W. CARDAMON PLACE P.O. BOX 232 LECANTO, FL 34461 LECANTO, FL 34461 **New Mailing Address: Current Mailing Address:** 5361 W. CARDAMON PLACE P.O. BOX 232 LECANTO, FL 34460 US FEI Number: 59-2867750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOYAJAN, LEON M. 1125 STERLING RD SUITE 4 INVERNESS, FL 32650 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HIGGINS, RON Name: Name: 5041 W ROLLING VIEW PLACE Address: Address: City-St-Zip: LECANTO, FL 34461 City-St-Zip: Title: () Delete Title: () Change () Addition WOODEN, BILL Name: Name: Address: 5240 W CARDAMON PLACE Address: City-St-Zip: LECANTO, FL 34461 City-St-Zip: Title: () Delete Title: () Change () Addition MULDER, MARGE Name: Name: 5375 W CARAWAY PL Address: Address: City-St-Zip: LECANTO, FL 34461 City-St-Zip: Title: () Delete Title: () Change () Addition Name: OATS, RICHARD Name: Address: 5370 W. ROLLING VIEW PLACE Address: City-St-Zip: LECANTO, FL 34461 City-St-Zip: Title: () Delete Title: (X) Change () Addition WOODEN, BEVERLY ZELANZNY, MARILYN Name: Name: 5240 CARDAMON PL 5281CARDAMON PL Address: Address: City-St-Zip: LECANTO, FL 34461 City-St-Zip: LECANTO, FL 34461 Title: () Delete Title: () Change () Addition MORGAN, SHIRLEY Name: Name: Address: 477 S. HONEY BEAR WAY Address: LECANTO, FL 34461 City-St-Zip: 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: RONALD R HIGGINS PRES 01/17/2008