2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 24, 2012
Secretary of State

DOCUMENT# N96000000791

Entity Name: CINNAMON CROSSINGS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O MIAMI MANAGEMENT
1145 SAWGRASS CORP. PWKY.
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

C/O MIAMI MANAGEMENT
1145 SAWGRASS CORP. PWKY.
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 65-0650026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROUGH, CHADROW, LEVINE, P.A.
1900 NO COMMERCE PARKWAY
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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:

Title: P
Name: FOLEY, MAUREEN
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

Title: V
Name: AVILES, ANGEL
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

Title: T
Name: METRICK, MARC
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

Title: S
Name: JARBOE, DEBRA
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

Title: D
Name: TRIZZINO, MARY
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

I hereby 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 all other like empowered.

SIGNATURE: MAUREEN FOLEY P 05/24/2012

Electronic Signature of Signing Officer or Director — Date