


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000006868 1. Entity Name THE PRESERVE AT CINNAMON RIDGE PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 6909 BEACH BLVD HUDSON, FL 34667	Mailing Address 6909 BEACH BLVD HUDSON, FL 34667
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3630038	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FIGURSKI, GERALD A 2435 US HWY 19, SUITE 350 HOLIDAY, FL 34691	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PAXTON, JAMES N 6909 BEACH BLVD HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SMITH, JENNIFER 6909 BEACH BLVD HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAXTON, PAULA D 6909 BEACH BLVD HUDSON, FL 34667
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IN THIS SPACE**

U00000538833
01/25/07-80002-020 61.25

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: 	James N. Paxton	1/17/07	(727) 863-2524
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>