

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001147

**FILED**  
**Mar 17, 2021**  
**Secretary of State**  
**3475875572CC**

**Entity Name:** CINNAMON BEACH AT OCEAN HAMMOCK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O MAY MANAGEMENT  
5455 A1A S  
SAINT AUGUSTINE, FL 32080

**Current Mailing Address:**

C/O MAY MANAGEMENT  
5455 A1A S  
ST AUGUSTINE, FL 32080

**FEI Number: 20-0001402**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MAY MANAGEMENT SERVICES  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 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

**Officer/Director Detail :**

Title           TREASURER  
Name           MAY, ANDREW  
Address        C/O MAY MANAGEMENT  
                  5455 A1A S  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title           SECRETARY  
Name           MILLER, TERESA BARRY  
Address        C/O MAY MANAGEMENT  
                  5455 A1A S  
City-State-Zip: ST AUGUSTINE FL 32080

Title           PRESIDENT  
Name           HOLDEN, LAURINE  
Address        C/O MAY MANAGEMENT  
                  5455 A1A S  
City-State-Zip: ST AUGUSTINE FL 32080

Title           VP  
Name           HUGHES, JOHN  
Address        C/O MAY MANAGEMENT  
                  5455 A1A S  
City-State-Zip: ST AUGUSTINE FL 32080

Title           DIRECTOR  
Name           RYAN, MARTIN  
Address        C/O MAY MANAGEMENT  
                  5455 A1A S  
City-State-Zip: ST AUGUSTINE FL 32080

*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: LAURINE HOLDEN**

**PRESIDENT**

**03/17/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date