

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001154

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

**FILED**  
**Apr 18, 2023**  
**Secretary of State**  
**6470030435CC**

**Current Principal Place of Business:**

MAY MANAGEMENT SERVICES, INC  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**Current Mailing Address:**

MAY MANAGEMENT SERVICES, INC  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**FEI Number: 56-2297013**

**Certificate of Status Desired: No**

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

MAY MANAGEMENT SERVICES, INC  
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           | SECRETARY                                      | Title           | PRESIDENT                                      |
| Name            | BOSSE, ALISON                                  | Name            | MAY, DEBRA C                                   |
| Address         | MAY MANAGEMENT SERVICES, INC<br>5455 A1A SOUTH | Address         | MAY MANAGEMENT SERVICES, INC<br>5455 A1A SOUTH |
| City-State-Zip: | SAINT AUGUSTINE FL 32080                       | City-State-Zip: | SAINT 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: DEBRA C. MAY**

**PRESIDENT**

**04/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date