

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000079800

Entity Name: CINNAMON COVE ALF, INC.**Current Principal Place of Business:**5641 MONTANA AVENUE
NEW PORT RICHEY, FL 34652**Current Mailing Address:**5641 MONTANA AVENUE
NEW PORT RICHEY, FL 34652 US**FEI Number:** 27-3594222**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRASTER, CHRISTOPHER J
8636 INWOOD DR.
HUDSON, FL 34667 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:** CHRISTOPHER J KRASTER

01/02/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name KRASTER, CHRISTOPHER J
Address 8636 INWOOD DR.
City-State-Zip: HUDSON FL 34667

Title TREASURER, VP, DIRECTOR
Name KRASTER, DIANA
Address 8636 INWOOD DR.
City-State-Zip: HUDSON FL 34667

Title SECRETARY
Name KRASTER, CHRISTOPHER J
Address 8636 INWOOD DR.
City-State-Zip: HUDSON FL 34667

Title DIRECTOR
Name PENFOLD-CHRISTIAN, KATHLEEN A
Address 5641 MONTANA AVENUE
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name FIELDER, BOBBY J
Address 5641 MONTANA AVENUE
City-State-Zip: NEW PORT RICHEY FL 34652

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER J KRASTER

PRESIDENT

01/02/2020

Electronic Signature of Signing Officer/Director Detail

Date