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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740860

1. Corporation Name

CANNONGATE PROPERTY OWNER'S ASSOCIATION, INC

Principal Place of Business

5202 CANNON WAY
P.O. BOX 17153
WEST PALM BEACH FL 33416

Mailing Address

5202 CANNON WAY
P.O. BOX 17153
WEST PALM BEACH FL 33416



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/21/1977

4. FEI Number

59-2668267

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HELLERER, BRENDA
5202 CANNON WAY
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MAXWELL, RICHARD
STREET ADDRESS 1120 ROYAL PALM BEACH BLVD #138
CITY-ST-ZIP ROYAL PALM BEACH FL

☒ DELETE

TITLE SD
NAME LOWE, PHYLLIS
STREET ADDRESS 944 SUMTER ROAD EAST
CITY-ST-ZIP W PALM BCH FL

☒ DELETE

TITLE TD
NAME HELLERER, BRENDA
STREET ADDRESS 5202 CANNON WAY
CITY-ST-ZIP W PALM BCH FL

☐ DELETE

TITLE D
NAME CZARNECKI, BARBARA
STREET ADDRESS 5376 CANNON WAY F
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE VD
NAME DAVIES, JUDITH
STREET ADDRESS 5349 CANNON WAY B
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE D
NAME DAVIS, ARLIE
STREET ADDRESS 5369 CANNON WAY
CITY-ST-ZIP W. PALM BEACH FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME DENNIS WHITE
1.3 STREET ADDRESS 5385 CANNON WAY
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33415

☐ Change

☒ Addition

2.1 TITLE ROLANDO FERNANDEZ
2.2 NAME
2.3 STREET ADDRESS 824 ILENE ROAD WEST
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33415
DIRECTOR

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE SD
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE OF BRENDA HELLERER** 3/12/99 561 684-6974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)