

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90077 010 ****70.00

DOCUMENT # 740860

1. Entity 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 33416-7153

900341



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2668267

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELLERER, BRENDA
5202 CANNON WAY
WEST PALM BEACH FL 33415

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, DENNIS	
STREET ADDRESS	5385 CANNON WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ROLANDO	
STREET ADDRESS	824 ILENE RD WEST	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HELLERER, BRENDA	
STREET ADDRESS	5202 CANNON WAY	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CZARNECKI, BARBARA	
STREET ADDRESS	5376 CANNON WAY F	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIES, JUDITH	
STREET ADDRESS	5349 CANNON WAY B	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, ARLIE	
STREET ADDRESS	5369 CANNON WAY	
CITY-ST-ZIP	W. PALM BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER BLADLEY	
STREET ADDRESS	940 SUMMIT ROAD WEST	
CITY-ST-ZIP	W.P.B. FL 33415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

561-684-6974

Date

Daytime Phone #