


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 740860 1. Entity Name CANNONGATE PROPERTY OWNER'S ASSOCIATION, INC	
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Principal Place of Business 5202 CANNON WAY WEST PALM BEACH, FL 33415	Mailing Address P O BOX 17153 WEST PALM BEACH, FL 33416
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DO NOT WRITE IN THIS SPACE



02122004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HELLERER, BRENDA 5202 CANNON WAY WEST PALM BEACH, FL 33415
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOUNG, SUNSHINE 6152 CANNON WAY WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASH, RODERICK 774 ILENE ROAD EAST WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HELLERER, BRENDA 5202 CANNON WAY W PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, GWENDOLYN 5170 GRANT LANE WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIES, JUDITH 5349 CANNON WAY B WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ARLIE 5369 CANNON WAY W. PALM BEACH, FL

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02/23/04-80178-023 70.00

**DO NOT WRITE
IN THIS SPACE**

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: <u>BRENDA HELLERER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2-20-04 <small>Date</small>	5616846974 <small>Daytime Phone #</small>
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