

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90018 041 \*\*\*\*70.00

**DOCUMENT # 740860**

1. Entity Name

**CANNONGATE PROPERTY OWNER'S ASSOCIATION, INC**



Principal Place of Business

**5202 CANNON WAY  
WEST PALM BEACH FL 33415**

Mailing Address

**P O BOX 17153  
WEST PALM BEACH FL 33416**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

**NO-T APPLICABLE**

Applied For

☒ Not Applicable

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

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  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: VP ☐ Delete  
NAME: YOUNG, SUNSHINE  
STREET ADDRESS: 5152 CANNON WAY  
CITY- ST- ZIP: WEST PALM BEACH FL 33415

TITLE: S ☐ Delete  
NAME: CALERD, LUCY  
STREET ADDRESS: 5072 GRANT LANE  
CITY- ST- ZIP: WEST PALM BEACH FL 33415

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

TITLE: D ☐ Delete  
NAME: PETERSON, GWENDOLYN  
STREET ADDRESS: 5170 GRANT LANE  
CITY- ST- ZIP: WEST PALM BEACH FL 33415

TITLE: PD ☐ Delete  
NAME: DAVIES, JUDITH  
STREET ADDRESS: 5349 CANNON WAY B  
CITY- ST- ZIP: WEST PALM BEACH FL

TITLE: D ☒ 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: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: D ☐ Change ☒ Addition  
NAME: **THELMA COLLINS**  
STREET ADDRESS: **5353 CANNON WAY**  
CITY- ST- ZIP: **W.P.B. FL 33415**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Brenda Hellerer* **BRENDA HELLERER TREASURER** 3-22-07 561 684-6974  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #