

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740860

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** CANNONGATE PROPERTY OWNER'S ASSOCIATION, INC

**Current Principal Place of Business:**

5202 CANNON WAY  
WEST PALM BEACH, FL 33415

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 17153  
WEST PALM BEACH, FL 33416

**New Mailing Address:**

5202 CANNON WAY  
WEST PALM BEACH, FL 33415

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HELLERER, BRENDA  
5202 CANNON WAY  
WEST PALM BEACH, FL 33415 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP (X) Delete  
Name: YOUNG, SUNSHINE  
Address: 5152 CANNON WAY  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D ( ) Delete  
Name: ARASE, HERBERT O  
Address: 942 SUMTER ROAD WEST  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: TD ( ) Delete  
Name: HELLERER, BRENDA,  
Address: 5202 CANNON WAY  
City-St-Zip: W PALM BCH, FL

Title: D ( ) Delete  
Name: PETERSON, GWENDOLYN  
Address: 5170 GRANT LANE  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: PD ( ) Delete  
Name: DAVIES, JUDITH  
Address: 5349 CANNON WAY B  
City-St-Zip: WEST PALM BEACH, FL

Title: D ( ) Delete  
Name: COLLINS, THERESA  
Address: 5353 CANNON WAY  
City-St-Zip: WEST PALM BEACH, FL 33415

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA HELLERER

TD

01/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date