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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90029 039 \*\*\*\*61.25

0075301

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 749695**

1. Corporation Name

**CANOE CREEK PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

P.O. BOX 1147  
 PALM CITY FL 34990

Mailing Address

P.O. BOX 1147  
 PALM CITY FL 34990



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/07/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2374960	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24	34991	25		Trust Fund Contribution <input type="checkbox"/>	
29	34991	30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

MCINTYRE, WILLIAM C  
 900 EAST OCEAN BLVD., SUITE 142  
 STUART FL 34994

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTZ, DAVID	1.2 NAME	JAMES DICKMEYER
STREET ADDRESS	776 SW WOOD CREEK DRIVE	1.3 STREET ADDRESS	657 SW WOOD CREEK DRIVE
CITY-ST-ZIP	PALM CITY FL 34990	1.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KILINSKI, PAMELA	2.2 NAME	DARLENE ROGERS
STREET ADDRESS	3534 SW CANOE PLACE	2.3 STREET ADDRESS	576 SW WOOD CREEK DRIVE
CITY-ST-ZIP	PALM CITY FL 34990	2.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUIGLEY, DANA	3.2 NAME	STEVE NOVAK
STREET ADDRESS	3594 SW CANOE PLACE	3.3 STREET ADDRESS	3515 SW CANOE PLACE
CITY-ST-ZIP	PALM CITY FL 34990	3.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	BRABANT, CAROLYNE J.	4.2 NAME	
STREET ADDRESS	5385 SE 52ND AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKMEYER, JAMES	5.2 NAME	LARRY BATEY
STREET ADDRESS	657 SW WOOD CREEK DRIVE	5.3 STREET ADDRESS	557 SW WOOD CREEK DRIVE
CITY-ST-ZIP	PALM CITY FL 34990	5.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	BURKHARDT, THOMAS	6.2 NAME	
STREET ADDRESS	677 SW WOOD CREEK DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	6.4 CITY-ST-ZIP	

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:

*James Dickmeyer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)