

2000 UNIFORM BUSINESS REPORT (UBR)

4/5

FILED
Jun 19, 2000 8:00 am
Secretary of State

04-05-2000 90089 030 ****61.25

DOCUMENT # 749695

(R)

1. Entity Name

CANOE CREEK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1147
 PALM CITY FL 34991

P.O. BOX 1147
 PALM CITY FL 34991-1147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

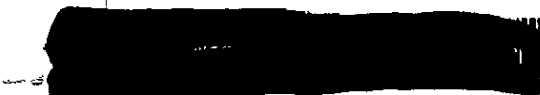
City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2374960** 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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V D	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, DARLENE	
STREET ADDRESS	576 SW WOOD CREEK DR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	S D	<input checked="" type="checkbox"/> Delete
NAME	NOVAK, STEVE	
STREET ADDRESS	3515 SW CANOE PL	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATEY, LAARRY	
STREET ADDRESS	557 SW WOOD CREEK DR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRABANT, CAROLYNE J.	
STREET ADDRESS	5385 SE 52ND AVENUE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	P D	<input type="checkbox"/> Delete
NAME	DICKMEYER, JAMES	
STREET ADDRESS	657 SW WOOD CREEK DRIVE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D D	<input type="checkbox"/> Delete
NAME	BURKHARDT, THOMAS	
STREET ADDRESS	677 SW WOOD CREEK DRIVE	
CITY-ST-ZIP	PALM CITY FL 34990	

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	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATEY, LARRY	
STREET ADDRESS	557 SW WOOD CREEK DRIVE	
CITY-ST-ZIP	PALM CITY, FL 34990	
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	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHARDT, THOMAS	
STREET ADDRESS	677 SW WOOD CREEK DRIVE	
CITY-ST-ZIP	PALM CITY, FL 34990	

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:

Thomas Burkhardt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00
 Date

Daytime Phone #

CR2E037 (9/99)