

DOCUMENT # 752792

1. Entity Name

CANARY PALM CONDOMINIUM ASSOCIATION, INC.

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

01-19-2000 90324 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4704 S E 6TH AVENUE
SUITE E-5
CAPE CORAL FL 33904
US

3523 DEL PRADO BLVD.
CAPE CORAL FL 33904-7266
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2236170

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Input box

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLISON, WILLIAM J.
3523 DEL PRADO BLVD
CAPE CORAL, FL
CAPE CORAL FL 33904

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.

Input box

\$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

Table with 3 columns: TITLE, NAME, ADDRESS. Rows include RINKO, ROBERT; MILLICAN, KAREN; ELLISON, MARGARET.

Table with 3 columns: TITLE, NAME, ADDRESS. Row includes handwritten entry: 4704 S.E 6TH AVE. # E-5, CAPE CORAL FL 33904.

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:

Signature of William J. Ellison

1-11-00

Date

941-549-1117

Daytime Phone #

CR2037/9/99