


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90200 008 \*\*\*\*61.25

<b>DOCUMENT # 752792</b> 1. Entity Name CANARY PALM CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4704 S E 6TH AVENUE SUITE E-5 CAPE CORAL, FL 33904 US		Mailing Address 1516 SE 14TH ST. #8 CAPE CORAL, FL 33990 US	
2. Principal Place of Business American Condo Management, Inc. Suite, Apt. #, etc. 909 SE 47th Terr. Ste #105 City & State CAPE CORAL, FL. Zip 33904 Country USA		3. Mailing Address American Condo Management, Inc. Suite, Apt. #, etc. P.O. Box 100399 City & State CAPE CORAL, FL. Zip 33910 Country USA	
4. FEI Number 59-2236170		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03142005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent GARCIA-BREA, CLAUDIA 4704 SE 6TH AVE, UNIT B CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name SUSAN KASE Street Address (P.O. Box Number is Not Acceptable) 909 SE 47th Terr Suite #105 City CAPE CORAL FL Zip Code 33904	
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 <u>Susan Kase</u> DATE <u>4/23/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME JOHNSON, ANGELA STREET ADDRESS 315 EASTERN PKWY., #4B CITY-ST-ZIP BROOKLYN, NY 11238	<input checked="" type="checkbox"/> Delete	TITLE PD NAME RON SIMPSON STREET ADDRESS 73 KIVA PL CITY-ST-ZIP SOMMERVILLE, NJ 08876	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ELLISON, WILLIAM J STREET ADDRESS 1516 S.E. 14TH STREET, #8 CITY-ST-ZIP CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete	TITLE STD NAME CLAUDIA BREA STREET ADDRESS 4704 SE 6th Ave, #B CITY-ST-ZIP CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME FURNBACH, PATRICIA STREET ADDRESS 1343 S.E. 45TH STREET CITY-ST-ZIP CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE VD NAME FRANCISCO BREA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME ELLISON, MARGARET STREET ADDRESS 1910 SE 29TH LANE CITY-ST-ZIP CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Claudia Brea</u> <u>Claudia Brea</u>		Date <u>4/26/05</u> Daytime Phone # <u>239-274-4506</u>	

40070093

