


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90155 039 ****61.25

DOCUMENT # 752792

1. Entity Name
CANARY PALM CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
AMERICAN CONDO MANAGEMENT, INC.
909 SE 47TH TERRACE, SUITE #105
CAPE CORAL, FL 33904 US

Mailing Address
AMERICAN CONDO MANAGEMENT, INC.
P O BOX 100399
CAPE CORAL, FL 33910 US

2. Principal Place of Business
 Suite, Apt. #, etc.
615 CAPE CORAL Pkwy W #103

3. Mailing Address
 Suite, Apt. #, etc.
615 CAPE CORAL Pkwy W #103

City & State
CAPE CORAL FL

City & State
CAPE CORAL FL

4. FEI Number
59-2236170

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GARCIA-BREA, CLAUDIA
909 SE 47TH TERRACE, SUITE #105
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent
 Name
SUSAN KASE
 Street Address (P.O. Box Number if Not Acceptable)
90 AMERICAN CONDO MGMT
615 CAPE CORAL Pkwy W #103
 City
FL Zip Code
33914

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 *Susan Kase* *Susan Kase* *4/26/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMPSON, RON 73 KIVA PLACE SOMERVILLE, NJ 08876	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BREA, CLAUDIA 4704 SE 6TH AVE #B CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BREA, FRANCISCO 1343 S.E. 45TH STREET CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORSTEN KRAUL 1426 Shelby Pkwy CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Angelina Johnson 315 EASTERN Pkwy Brooklyn, NY 11238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Torsten Kraul* *4-28-06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

