

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 20 PM 12: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **770146** (9)  
1. Corporation Name  
**CANALAKE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
% ACTION PROPERTIES  
5050 10TH AVE N. #D  
LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/08/1983** 3a. Date of Last Report **03/10/1994**  
4. FEI Number **59-2339803** Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **C/O CMD Management, Inc.** 26 **C/O CMD Management, Inc.**  
Suits, Apt. #, etc. Suits, Apt. #, etc.  
22 **3082 Jog Road** 27 **3082 Jog Road**  
City & State City & State  
23 **Lake Worth, FL** 28 **Lake Worth, FL**  
Zip Country Zip Country  
24 **33467** 25 Country 29 **33467** 30 Country

9. Name and Address of Current Registered Agent  
**SEPPALA, JONATHAN -**  
**C/O ACTION PROPERTY -**  
**5050-10TH AVE NORTH -**  
**GREENACRES FL 33463 -**

10. Name and Address of New Registered Agent  
81 Name **David C. Rosenthal**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**C/O CMD Management, Inc.**  
83 **3082 Jog Road**  
84 City **Lake Worth** FL 85 Zip Code **33467**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *David C. Rosenthal* DATE **4-13-95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS  
TITLE **D**  
NAME **ALTSCHUELER, ALLEN**  
STREET ADDRESS **9107 POOLSIDE DR -**  
CITY - ST - ZIP **GREENACRES FL**  
TITLE **TD**  
NAME **WYNDER, SAM**  
STREET ADDRESS **3107 POOLSIDE DR**  
CITY - ST - ZIP **GREENACRES FL**  
TITLE **VD**  
NAME **ROBERTS, ED**  
STREET ADDRESS **3107 POOLSIDE DR**  
CITY - ST - ZIP **GREENACRES FL**  
TITLE **SD**  
NAME **HILL, SONDR**  
STREET ADDRESS **3107 POOLSIDE DR -**  
CITY - ST - ZIP **GREENACRES FL**  
TITLE **PD**  
NAME **BICKHAM, BEN**  
STREET ADDRESS **3107 POOLSIDE DR**  
CITY - ST - ZIP **GREENACRES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE **TD**  Change  Addition  
2.2 NAME **Samuel Wynder**  
2.3 STREET ADDRESS **5866 Eddy Ct.**  
2.4 CITY - ST - ZIP **Lake Worth, FL 33463**  
3.1 TITLE **VD**  Change  Addition  
3.2 NAME **Ed Roberts**  
3.3 STREET ADDRESS **4804 Pier Dr.**  
3.4 CITY - ST - ZIP **Greenacres, FL 33463**  
4.1 TITLE **SD**  Change  Addition  
4.2 NAME **Steve Kelley**  
4.3 STREET ADDRESS **5205 Bayside Dr.**  
4.4 CITY - ST - ZIP **Greenacres, FL 33463**  
5.1 TITLE **PD**  Change  Addition  
5.2 NAME **Ben Bickham**  
5.3 STREET ADDRESS **5502 Channel Dr.**  
5.4 CITY - ST - ZIP **Greenacres, FL 33463**  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a declaration.

SIGNATURE: *Allen E. Biley* DATE **4/13/95** DAYTIME PHONE # **407-642-2625**  
Signature and typed or printed name of signing officer or director