2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

FILED DOCUMENT # 770146 Mar 08, 2000 8:00 am 1. Entity Name **Secretary of State** CANALAKE HOMEOWNERS ASSOCIATION, INC. 03-08-2000 90014 022 ****70.00 Principal Place of Business Mailing Address CANALAKES H.O.A. CANALAKES H.O.A. 3107 POOLSIDE DR 3107 POOLSIDE DR GREENACRES FL 33463-2383 GREENACRES FL 33463 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2339803 Not Applicable \$8.75 Additional Country Zip Country K 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ST.John, Dicker, Caplan, Krivok & Core, P.A. Street Address (P.O. Box Number is Not Acceptable) SCHNER, LARRY E PA 500 Australian Ave. South, Suite 750 S. DIXIE HWY **BOCA RATON FL 33431** 3134961 West Palm Beach 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state Shareholder (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: : \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 PER TRACE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VPD Channe ☐ Addition TITLE ☐ Delete TITLE NAME NAME ALTSCHULER, ALLEN STREET ADDRESS STREET ADDRESS 3107 POOLSIDE DR CITY-ST-ZIP CITY-ST-ZIP GREENACRES FL Addition ☐ Delete Change Change TITLE **VPD** SD TITLE NAMÉ NAME LEHMAN, JOHN STREET ADDRESS STREET ADDRESS 3107 POOLSIDE DR CITY-ST-ZIP CITY-ST-7IP **GREENACRES FL 33463 Change** ■ Addition TITLE SD ☐ Delete TITLE PD NAME NAME HILL SONDRA Roberts, Charles STREET ADDRESS STREET ADDRESS 3107 POOLSIDE DR 3107 Poolside Dr. Greenacres, FL CITY-ST-ZIP CITY-ST-ZIP GREENACRES FL Change ■ Addition TITLE TITLE TD Delete NAME SEPPALA, JEREMIAH Minns, Myles NAME STREET ADDRESS STREET ADDRESS 3107 POOLSIDE DR 3107 Poolside Dr. CITY-ST-ZIP CITY-ST-ZIP **GREENACRES FL** Greenacres, FL. Addition 🖵 Change ☐ Delete TITLE NAME MCGUIRE, HARRY STREET ADDRESS STREET ADDRESS 3107 POOLSIDE DR CITY-ST-ZIP CITY-ST-ZIP **GREENACRES FL** ☐ Addition ☐ Change **⊠** Delete TITLE TITLE NAME NAME JACKSON, ROBERT STREET ADDRESS STREET ADDRESS 3107 POOLSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP GREENACRES FL 12. Thereby certify that the information supplied with this filling 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

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