

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90011 001 ****61.25

DOCUMENT # 770146
 1. Entity Name
CANALAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
CANALAKES H.O.A. **CANALAKES H.O.A.**
3107 POOLSIDE DR **3107 POOLSIDE DR**
GREENACRES FL 33463 **GREENACRES FL 33463**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
DICKER, EDWARD
1818 AUSTRALIAN AVE S, STE 400
WEST PALM BEACH FL 33409

4. FEI Number **59-2339803**
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	P	<input checked="" type="checkbox"/> Delete
NAME	ALTSCHULER, ALLEN	
STREET ADDRESS	3107 POOLSIDE DR	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LEHMAN, MARY	
STREET ADDRESS	3107 POOLSIDE DR	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CASELLA, FRANCES	
STREET ADDRESS	2608 CANALSIDE DRIVE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MENDEZ, JOSE	
STREET ADDRESS	6106 CHANNEL DR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DILLARD, BROCK	
STREET ADDRESS	2106 WHARF LANE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TD Sam Wynder	
STREET ADDRESS	3107 Poolside Dr.	
CITY-ST-ZIP	Greenacres, FL 33463	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dan Miller	
STREET ADDRESS	3107 Poolside Dr.	
CITY-ST-ZIP	Greenacres, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Brock Dillard **1-22-04** **562642-2625**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #