


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

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90118 020 \*\*\*\*61.25

<b>DOCUMENT # 770146</b>			
1. Entity Name <b>CANALAKE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>CANALAKES H.O.A. 3107 POOLSIDE DR GREENACRES, FL 33463 US</b>		Mailing Address <b>CANALAKES H.O.A. 3107 POOLSIDE DR GREENACRES, FL 33463 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DICKER, EDWARD 1818 AUSTRALIAN AVE S, STE 400 WEST PALM BEACH, FL 33409</b>		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)			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	TD <input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYNDER, SAM	NAME	Jinright, Janis
STREET ADDRESS	3107 POOLSIDE DR.	STREET ADDRESS	3107 Poolside Drive
CITY-ST-ZIP	GREENACRES, FL 33463	CITY-ST-ZIP	Greenacres, FL 33463
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DAN	NAME	
STREET ADDRESS	3107 POOLSIDE DR.	STREET ADDRESS	
CITY-ST-ZIP	GREENACRES, FL 33463	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASELLA, FRANCES	NAME	Casella, Frances
STREET ADDRESS	2608 CANALSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	GREENACRES, FL 33463	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLARD, BROCK	NAME	
STREET ADDRESS	2106 WHARF LANE	STREET ADDRESS	
CITY-ST-ZIP	GREENACRES, FL 33463	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Brock Dillard</i>		Date: 3-4-5 (56) 642-26	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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02132005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2339803 Applied For Not Applicable

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

FL

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

Make check payable to Florida Department of State

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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CITY-ST-ZIP	

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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Casella, Frances
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE: *Brock Dillard*

Date: 3-4-5 (56) 642-26

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #