

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 21, 2007
Secretary of State**

DOCUMENT# 770146

Entity Name: CANALAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

CANALAKES H.O.A.
3107 POOLSIDE DR
GREENACRES, FL 33463 US

New Principal Place of Business:

CANALAKE HOMEOWNER ASSOCIATION, INC.
3107 POOLSIDE DR
GREENACRES, FL 33463 US

Current Mailing Address:

CANALAKES H.O.A.
3107 POOLSIDE DR
GREENACRES, FL 33463 US

New Mailing Address:

CANALAKE HOMEOWNERS ASSOCIATION, INC.
3107 POOLSIDE DR
GREENACRES, FL 33463 US

FEI Number: 59-2339803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN & KORR, P.A.
1501 NW 49TH ST, SUITE 202
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WYNDER, SAM
Address: 3107 POOLSIDE DR.
City-St-Zip: GREENACRES, FL 33463

Title: VP () Delete
Name: MILLER, DAN
Address: 3107 POOLSIDE DR.
City-St-Zip: GREENACRES, FL 33463

Title: ASD () Delete
Name: JINRIGHT, JANIS
Address: 3107 POOLSIDE DRIVE
City-St-Zip: GREENACRES, FL 33463

Title: S () Delete
Name: DILLARD, BROCK
Address: 3107 POOLSIDE DRIVE
City-St-Zip: GREENACRES, FL 33463

Title: T () Delete
Name: DICKER, IRA
Address: 3107 POOLSIDE DRIVE
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM WYNDER

PRES

02/21/2007

Electronic Signature of Signing Officer or Director

_____ Date