


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90169 024 ****61.25

DOCUMENT # N04000010520			
1. Entity Name CANOPY WALK MARINA ASSOCIATION, INC.			
Principal Place of Business 1064 GREENWOOD BLVD STE 200 LAKE MARY, FL 32746		Mailing Address 1064 GREENWOOD BLVD STE 200 LAKE MARY, FL 32746	
2. Principal Place of Business 1064 Greenwood Blvd. #200		3. Mailing Address 5455 A1A South	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Mary FL 32746		City & State St. Augustine FL	
Zip	Country USA	Zip 32080	Country St. John
6. Name and Address of Current Registered Agent WRIGHT, ROGER L 1064 GREENWOOD BLVD STE 200 LAKE MARY, FL 32746		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 NAME STREET ADDRESS CITY-ST-ZIP	DP WRIGHT, ROGER L 1064 GREENWOOD BLVD STE 200 LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LANE LOUQUE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1064 Greenwood Blvd #200 Lake Mary FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALVAREZ, CHRISTINA D 1064 GREENWOOD BLVD STE 200 LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dan Calton <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1064 Greenwood Blvd #200 Lake Mary FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SMITH, RALPH 1064 GREENWOOD BLVD STE 200 LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1064 Greenwood Blvd. #200 Lake Mary FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Daniel E. Calton</u>		Date: <u>4/12/05</u> Daytime Phone #: <u>407-575-7353</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

