


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90013 035 \*\*\*\*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  
**5455 AIA SOUTH  
 SAINT AUGUSTINE, FL 32080**

2. Principal Place of Business  
**90 MAY MGMT**

3. Mailing Address  
**5455 AIA SOUTH**

Suite, Apt. #, etc.  
**5455 AIA SOUTH**

City & State  
**ST AUGUSTINE FL**

City & State  
**ST AUGUSTINE FL**

Zip  
**32080**

Country  
**USA**

Zip  
**32080**

Country  
**USA**

03242006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**20-1895820**

Applied For  
 Not Applicable

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

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 **CYNTHIA O'NEIL**  
 Street Address (P.O. Box Number & Not Acceptable)  
**MAY MANAGEMENT SVCS INC**  
**5455 AIA SOUTH**  
 City **ST AUGUSTINE FL** Zip Code **32080**

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 *Cynthia O'Neil* DATE **3/22/06**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP WRIGHT, ROGER L 1064 GREENWOOD BLVD STE 200 LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALVAREZ, CHRISTINA D 1064 GREENWOOD BLVD STE 200 LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SMITH, RALPH 1064 GREENWOOD BLVD STE 200 LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUQUE, LANE 1064 GREENWOOD BLVD. # 200 LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALTON, DAN 1064 GREENWOOD BLVD. # 200 LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 RALPH BROWN 700 CANOPY WALK LANE # 741 PALM COAST FL 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VIVIAN POZO 4414 DOWD PT LANE WILMINGTON FL 34784	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLARD NIX 500 CANOPY WALK LN # 541 PALM COAST FL 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 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: *Ralph Brown* DATE **3/29/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #