


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90016 015 ****61.25

DOCUMENT # N04000010520

1. Entity Name
 CANOPY WALK MARINA ASSOCIATION, INC.



Principal Place of Business
 C/O MAY MANAGEMENT
 5455 A1A SOUTH
 SAINT AUGUSTINE, FL 32080

Mailing Address
 5455 A1A SOUTH
 SAINT AUGUSTINE, FL 32080

40027012



01112008 No Chg-NP CR2E037 (4/06)

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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

O'NEIL, CYNTHIA
 MAY MANAGEMENT SERVICES INC
 5455 A1A SOUTH
 SAINT AUGUSTINE, FL 32080

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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)

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOXMAN, DEAN
STREET ADDRESS	207 UNDEROAKS DR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	P
NAME	POZO, VIVIAN
STREET ADDRESS	4414 DOWN PT LANE
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	VPST
NAME	MAST, BRUCE
STREET ADDRESS	6711 NW 81ST BLVD
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 lines empowered.

SIGNATURE: *Nurcan Pozo* 2/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #