


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90180 023 ****61.25

DOCUMENT # N05000008997

1. Entity Name
CANYON SPRINGS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1401 UNIVERSITY DRIVE
 SUITE 200
 CORAL SPRINGS, FL 33071-6039**

Mailing Address
**1401 UNIVERSITY DRIVE
 SUITE 200
 CORAL SPRINGS, FL 33071-6039**

40066104



2. Principal Place of Business
1600 Sawgrass Corp. Parkway

3. Mailing Address
1600 Sawgrass Corp. Pkwy

Suite, Apt. #, etc.
Suite 300

City & State
Sunrise FL

Zip
33323

Country
USA

03312006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-3407667

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HELFMAN, STEVEN M
 1401 UNIVERSITY DRIVE
 SUITE 200
 CORAL SPRINGS, FL 33071-6039**

7. Name and Address of New Registered Agent

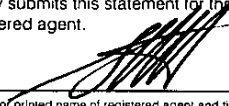
Name
Steven M. Helfman

Street Address (P.O. Box Number is Not Acceptable)
1600 Sawgrass Corp. Parkway

Suite 300

City
Sunrise **FL** Zip Code
33323

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 **4/4/06**

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

**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	PD SMITH, BARBARA 1401 UNIVERSITY DRIVE #200 CORAL SPRINGS, FL 330716039	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIDONNA, JILL C 1401 UNIVERSITY DRIVE #200 CORAL SPRINGS, FL 330716039	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD N. MARIA MENENDEZ 1401 UNIVERSITY DRIVE #200 CORAL SPRINGS, FL 330716039	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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	PD Smith, Barbara 1600 Sawgrass Corp. Parkway Sunrise FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Didonna, Jill C 1600 Sawgrass Corp. Parkway Sunrise FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD N. Maria Menendez 1600 Sawgrass Corp. Parkway Sunrise FL 33323	<input checked="" 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
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:  Director Secretary Treasurer **954-753-1730**

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