2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90350 030 ****61.25

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1. Entity Name
CANOPY CREEK COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1601 FORUM PLACE SUITE 805 WEST PALM BEACH, FL 33401	1601 FORUM PLACE SUITE 805 WEST PALM BEACH, FL 33401

200047710

04242008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GY CORPORATE SERVICES, INC.
777 S. FLAGLER DRIVE SUITE 500 EAST
WEST PALM BEACH, FL 33401

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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	BRUK, DOUG
STREET ADDRESS	1601 FORUM PLACE, SUITE 805
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	CLARKE, MICHAEL
STREET ADDRESS	1601 FORUM PLACE, SUITE 805
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	CSAPO, JOHN
STREET ADDRESS	1601 FORUM PLACE, SUITE 805
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	JULIEN, ROBERT
STREET ADDRESS	1601 FORUM PLACE, SUITE 805
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
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 like empowered.

SIGNATURE: [signature] PRESIDENT - 4/24/08 772 468 4703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #