

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:40

DOCUMENT # N92000000885 (5)

1. Corporation Name

THE CANOPY AT LAKE GRIFFIN, INC.

Principal Place of Business

800 NEWELL HILL RD
LEESBURG FL 34748

Mailing Address

800 NEWELL HILL RD
LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1992

3a. Date of Last Report

03/30/1994

4. FEI Number

59-3147540

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARDNER, JAMES L
800 NEWELL HILL RD
LEESBURG FL 34748

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CD

NAME

GARDNER, JAMES L

STREET ADDRESS

23801 BISHOP AVE

CITY-ST-ZIP

CHRISTMAS FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

VC

NAME

PADGETT, JAMES R.

STREET ADDRESS

05431 MAGNOLIA RIDGE DR.

CITY-ST-ZIP

FRUITLAND PK FL

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

D

NAME

WHISENANT, JOHN

STREET ADDRESS

1357 PETERS DR.

CITY-ST-ZIP

LEESBURG FL

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

D

NAME

DEES, CHARLES

STREET ADDRESS

10031A UNION PK DR.

CITY-ST-ZIP

ORLANDO FL

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

TD

NAME

STARLING, GEORGE

STREET ADDRESS

E. MIRROR LAKE DR.

CITY-ST-ZIP

FRUITLAND PK FL

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

SD

NAME

GARDNER, CANDY V.

STREET ADDRESS

PO BOX 400900

CITY-ST-ZIP

LEESBURG FL

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 responsible or trustee or authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an addition report within address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

JAMES L. GARDNER

Date

Keyhole (Phone #)