FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N92000000885 (5)**

1. Corporation Name

THE CANOPY AT LAKE GRIFFIN, INC.

Principal Place of Business	Mailing Address
800 NEWELL HILL RD LEESBURG FL 34748	800 NEWELL HILL RD LEESBURG FL 34748

3. Date Incorporated or Qualified: **12/18/1992**
3a. Date of Last Report: **01/26/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GARDNER, JAMES L
800 NEWELL HILL RD
LEESBURG FL 34748

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	GARDNER, JAMES L		1.2 NAME		
STREET ADDRESS	23801 BISHOP AVE		1.3 STREET ADDRESS	800 Newell Hill Road	
CITY-ST-ZIP	CHRISTMAS FL		1.4 CITY-ST-ZIP	Leesburg, FL. 34748	
TITLE	VC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PADGETT, JAMES R.		2.2 NAME		
STREET ADDRESS	05431 MAGNOLIA RIDGE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PK FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WHISENANT, JOHN		3.2 NAME		
STREET ADDRESS	1357 PETERS DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEES, CHARLES		4.2 NAME		
STREET ADDRESS	10031A UNION PK DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STARLING, GEORGE		5.2 NAME		
STREET ADDRESS	E. MIRROR LAKE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PK FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GARDNER, CANDY V.		6.2 NAME		
STREET ADDRESS	PO BOX 490968		6.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 119.07(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 receiver or trustee empowered 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 attachment with an address.

SIGNATURE: James L Gardner 1/25/96 352-787-8614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #