FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90145 017 ****61.25

0073615

DOCUMENT # N92000000885

1. Corporation Name
THE CANOPY AT LAKE GRIFFIN, INC.

98709 · 90145 · 17

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/18/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3147540 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	DIRECTOR	☐ Change ☒ Addition
NAME	GARDNER, JAMES L		1.2 NAME	GEORGE A. MULFORD III	
STREET ADDRESS	800 NEWELL HILL RD.		1.3 STREET ADDRESS	36913 TAYLOR MILL RD.	
CITY-ST-ZIP	LEESBURG FL		1.4 CITY-ST-ZIP	FRUITLAND PARK, FL. 34731	
TITLE	D	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	DEES, CHARLES		2.2 NAME	JEFFREY L. MYERS	
STREET ADDRESS	10031A UNION PK DR.		2.3 STREET ADDRESS	41737 KENDRA LN.	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	WEIRSDALE, FL. 32731	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STARLING, GEORGE		3.2 NAME		
STREET ADDRESS	602 NEWELL HILL RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GARDNER, CANDY V.		4.2 NAME		
STREET ADDRESS	800 NEWELL HILL RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: James L. Gardner SIGNATURE REQUIRED 1/5/99 352-787-8614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #