Title	PRESIDENT	Title	VP
Name	PETERSON, GWEN	Name	CALERO, LUCY
Address	8135 LAKE WORTH RD., SUITE B	Address	8135 LAKE WORTH ROAD SUITE B
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467
Title	TREASURER	Title	DIRECTOR
Name	NORTON, MICHAEL	Name	AYALA, CHRISTOPHER
Address	8135 LAKE WORTH ROAD SUITE B	Address	8135 LAKE WORTH ROAD SUITE B
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467
Title	DIRECTOR	Title	SECRETARY
Title Name	DIRECTOR BARONE, DANIEL	Title Name	SECRETARY GONZALEZ, LUIS
Name Address	BARONE, DANIEL 8135 LAKE WORTH ROAD	Name	GONZALEZ, LUIS 8135 LAKE WORTH ROAD SUITE B
Name Address	BARONE, DANIEL 8135 LAKE WORTH ROAD SUITE B	Name Address	GONZALEZ, LUIS 8135 LAKE WORTH ROAD SUITE B
Name Address City-State-Zip:	BARONE, DANIEL 8135 LAKE WORTH ROAD SUITE B LAKE WORTH FL 33467	Name Address City-State-Zip:	GONZALEZ, LUIS 8135 LAKE WORTH ROAD SUITE B LAKE WORTH FL 33467
Name Address City-State-Zip: Title	BARONE, DANIEL 8135 LAKE WORTH ROAD SUITE B LAKE WORTH FL 33467 DIRECTOR	Name Address City-State-Zip: Title	GONZALEZ, LUIS 8135 LAKE WORTH ROAD SUITE B LAKE WORTH FL 33467 DIRECTOR

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740860

Entity Name: CANNONGATE PROPERTY OWNER'S ASSOCIATION, INC

Current Principal Place of Business:

8135 LAKE WORTH RD., SUITE B LAKE WORTH, FL 33467

Current Mailing Address:

C/O ASSOCIATED PROPERTY MANAGEMENT 8135 LAKE WORTH RD., SUITE B LAKE WORTH, FL 33467 US

FEI Number: 59-2668267

Name and Address of Current Registered Agent:

ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES 8135 STE B SUITE 1800 LAKE WORTH, FL 33467 US

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.

SIGNATURE:	KAREN CATALANO			01/26/2022
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	VP	

Continues on page 2

VICE PRESIDENT

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUCY CALERO

Electronic Signature of Signing Officer/Director Detail

FILED Jan 26, 2022 Secretary of State 1013629252CC

Certificate of Status Desired: No

01/26/2022 Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WHITESIDE , DONNA
Address	8135 LAKE WORTH ROAD STE B
City-State-Zip:	LAKE WORTH FL 33467