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: PATRICK MORRIS

City-State-Zip: GREENACRES FL 33463

Electronic Signature of Signing Officer/Director Detail

# Entity Name: CANALAKE HOMEOWNERS ASSOCIATION, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

C/O INFINITY COMMUNITY MANAGEMENT 5350 10TH AVENUE N SUITE 2 GREENACRES, FL 33463

#### **Current Mailing Address:**

DOCUMENT# 770146

C/O INFINITY COMMUNITY MANAGEMENT 5350 10TH AVENUE N SUITE 2 GREENACRES, FL 33463 US

#### FEI Number: 59-2339803

### Name and Address of Current Registered Agent:

MILBERG KLEIN, P.L. 5550 GLADES ROAD SUITE 500 BOCA RATON, FL 33431 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	E DAVID Y. KLEIN, ESQ.			04/28/2016
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	SECRETARY	
Name	MORRIS, PATRICK	Name	PATUELLI, MARY	
Address	C/O INFINITY COMMUNITY MANAGEMENT 5350 10TH AVENUE N SUITE 2	Address	C/O INFINITY COMMUNITY MANAGEMENT 5350 10TH AVENUE N SUITE 2	
City-State-Zip:	GREENACRES FL 33463	City-State-Zip:	GREENACRES FL 33463	
Title	TREASURER			
Name	HENSLEY, WENDY			
Address	C/O INFINITY COMMUNITY MANAGEMENT 5350 10TH AVENUE N SUITE 2			

PRESIDENT

04/28/2016

Date

## FILED Apr 28, 2016 Secretary of State CC4031916145

Certificate of Status Desired: No