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. 02/28/2013

SIGNATURE: PHILLIP L KILE

Electronic Signature of Signing Officer/Director Detail

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010520

Entity Name: CANOPY WALK MARINA ASSOCIATION, INC.

Current Principal Place of Business:

C/O MAY MANAGEMENT 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080

Current Mailing Address:

5455 AIA SOUTH SAINT AUGUSTINE, FL 32080

FEI Number: 20-1895820

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES INC MAY MANAGEMENT SERVICES INC 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080 US

FILED Feb 28, 2013 Secretary of State CC2368692134

Date

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Р	Title	SECRETARY, TREASURER
Name	MAST, BRUCE	Name	BUXMAN, DEAN
Address	5455 A1A SOUTH	Address	5455 A1A SOUTH
City-State-Zip:	ST. AUGUSTINE FL 32080	City-State-Zip:	ST. AUGUSTINE FL 32080
Title	VP		
Title Name	VP KILE, PHILLIP L		

Date

VP