

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000012714

**Entity Name:** CANOPY RESERVE HOMEOWNERS ASSOCIATION INC**Current Principal Place of Business:**3020 S. FLORIDA AVE  
SUITE 305  
LAKELAND, FL 33803**Current Mailing Address:**3020 S. FLORIDA AVE  
SUITE 305  
LAKELAND, FL 33803 US**FEI Number:** 83-2710277**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADAMS, DAVID J  
3020 S. FLORIDA AVE  
SUITE 305  
LAKELAND, FL 33803 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	RIVERA, ARIAN J
Address	3020 S. FLORIDA AVE., SUITE 305
City-State-Zip:	LAKELAND FL 33803

Title	SECRETARY
Name	VELAZQUEZ, MAYTE
Address	3020 S. FLORIDA AVE., SUITE 305
City-State-Zip:	LAKELAND FL 33803

Title	VP
Name	LOPEZ, NICOLE
Address	3020 S. FLORIDA AVE SUITE 305
City-State-Zip:	LAKELAND FL 33803

Title	TREASURER
Name	UNDERWOOD, STEVE
Address	3020 S. FLORIDA AVE SUITE 305
City-State-Zip:	LAKELAND FL 33803

Title	DIRECTOR
Name	JOHNSON, TODD
Address	3020 S. FLORIDA AVE SUITE 305
City-State-Zip:	LAKELAND FL 33803

Title	DIRECTOR
Name	RODRIGUEZ, DAFFANY
Address	3020 S. FLORIDA AVE SUITE 305
City-State-Zip:	LAKELAND FL 33803

Title	DIRECTOR
Name	FAGNAND, NICOLE
Address	3020 S. FLORIDA AVE SUITE 305
City-State-Zip:	LAKELAND FL 33803

*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:** ARIAN RIVERA

PRESIDENT

03/11/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date