

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**DOCUMENT # 730053**

1. Entity Name

**CANNON POINT MAINTENANCE ASSOCIATION, INC.**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90045 017 \*\*\*\*61.25

Principal Place of Business P O BOX 15382 LAUDERHILL FL 33328	Mailing Address P O BOX 15382 LAUDERHILL FL 33328
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0128722</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**HAASE, FRANK**  
**1680 N.W. 42ND STREET**  
**OAKLAND PARK FL 33313**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME PD SALMON, JOY STREET ADDRESS 5620 NW 27TH CT CITY-ST-ZIP LAUDERHILL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME SD WAHLER, LINDA STREET ADDRESS 5721 NW 28TH ST CITY-ST-ZIP LAUDERHILL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME D HAASE, FRANK STREET ADDRESS 1680 NW 42 ST CITY-ST-ZIP OAKLAND PARK FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME D PRESIDENT JOSEPH MAGGI STREET ADDRESS 5811 NW 28TH ST CITY-ST-ZIP LAUDERHILL, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D SECRETARY LINDA GUTIERREZ STREET ADDRESS 5721 NW 28TH ST CITY-ST-ZIP LAUDERHILL, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D TREASURER BRUCE MEEGL STREET ADDRESS 14181 SW 15TH CT CITY-ST-ZIP DAVIE, FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (Signature of Bruce Megel) **BRUCE MEEGL PRES.** Date: 1-21-00 Daytime Phone #: 954-412-4494

CR2E037 (9/99)