

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 730053

1. Entity Name

CANNON POINT MAINTENANCE ASSOCIATION, INC.



Principal Place of Business

P O BOX 15382
LAUDERHILL, FL 33328

Mailing Address

P O BOX 15382
LAUDERHILL, FL 33328



07062006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0128722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUCE, MEGEE
14181 SW 15TH COURT
FORT LAUDERDALE, FL 33325

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Bruce MegEE
BRUCE MEGEE

(NOTE: Registered Agent signature required when reinstating)

DATE

7-6-06

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

100000568856
07/11/06-R0002-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	PDD
NAME	RAMRUP, HANRAN
STREET ADDRESS	5601 NW 27TH COURT
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	SD
NAME	GUTTIERREZ, LINDA
STREET ADDRESS	5721 NW 28TH ST
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	TD
NAME	MAGEE, BRUCE
STREET ADDRESS	14181 SW 15TH CT
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce MegEE
BRUCE MEGEE

Date

Daytime Phone #

7-6-06

954-472-4494