


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # 730053 1. Entity Name CANNON POINT MAINTENANCE ASSOCIATION, INC.	
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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



02122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0128722	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000637982 02/27/07-80011-004 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD RAMRUP, HANRAN 5601 NW 27TH COURT LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUTTIERREZ, LINDA 5721 NW 28TH ST LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAGEE, BRUCE 14181 SW 15TH CT DAVIE, FL 33325
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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:  (BRUCE MEGEE)	2-12-07	954-472 4494
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>