


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
P O BOX 15382 P O BOX 15382
LAUDERHILL, FL 33328 LAUDERHILL, FL 33328

DO NOT WRITE IN THIS SPACE



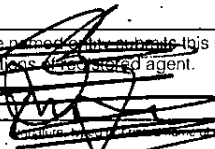
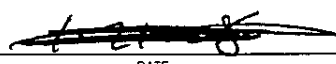
01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
65-0128722 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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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, the registered agent.
SIGNATURE  DATE 

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

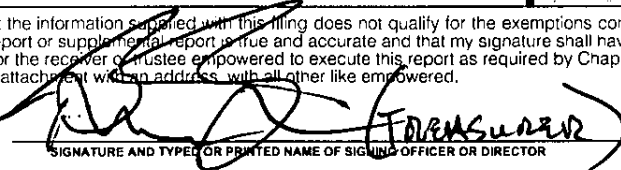
10. OFFICERS AND DIRECTORS

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/08-80082-023 61.25

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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:  **(FORWARD)** 1-21-08 Date Daytime Phone #

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR