

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90028 019 ****70.00

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1. Entity Name

CANNONGATE PROPERTY OWNER'S ASSOCIATION, INC



Principal Place of Business

5202 CANNON WAY
WEST PALM BEACH FL 33415

Mailing Address

P O BOX 17153
WEST PALM BEACH FL 33416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELLERER, BRENDA
5202 CANNON WAY
WEST PALM BEACH FL 33415

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME YOUNG, SUNSHINE
STREET ADDRESS 5152 CANNON WAY
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE PD ☒ Delete
NAME CASH, RODERICK
STREET ADDRESS 774 ILENE ROAD EAST
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE TD ☐ Delete
NAME HELLERER, BRENDA
STREET ADDRESS 5202 CANNON WAY
CITY-ST-ZIP W PALM BCH FL

TITLE D ☐ Delete
NAME PETERSON, GWENDOLYN
STREET ADDRESS 5170 GRANT LANE
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE S ☐ Delete
NAME DAVIES, JUDITH
STREET ADDRESS 5349 CANNON WAY B
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ Delete
NAME DAVIS, ARLIE
STREET ADDRESS 5369 CANNON WAY
CITY-ST-ZIP W. PALM BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME LUCY CALERO
STREET ADDRESS 5072 GRANT LANE
CITY-ST-ZIP W.P.B. FL 33415

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Brenda Hellerer* BRENDA HELLERER 2/21/06 961-6846974