

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90005 002 ****61.25

DOCUMENT # 740883

1. Entity Name

CANOE COUNTRY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

CR 251-B
MAYO FL 32066

Mailing Address

P.O. BOX 258
MAYO FL 32066
US

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

59-3171007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COULTHURST, BARBARA
311 MAIN ST 172 W MAIN ST
MAYO FL 32066

Name

Street Address (P.O. Box Number is Not Acceptable)

172 W. MAIN ST

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, 2005

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	PD	<input checked="" type="checkbox"/> Delete
NAME	STEPHENSON, ALAN	
STREET ADDRESS	291 NW WHITEWATER TRAIL SOUTH	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BROCK, CANDY	
STREET ADDRESS	179 NW WHITEWATER TRAIL SOUTH	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	COULTHURST, BARBARA	
STREET ADDRESS	172 W. MAIN ST	
CITY-ST-ZIP	MAYO FL 32066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen son, Alan	
STREET ADDRESS	291 NW Whitewater Trail South	
CITY-ST-ZIP	Mgo, FL 32066	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan E. Moody	
STREET ADDRESS	18930 Good Times Dr.	
CITY-ST-ZIP	Perry, FL 32348	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coulthurst, Barbara	
STREET ADDRESS	172 W. Main St	
CITY-ST-ZIP	Mgo, FL 32066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Barbara Coulthurst, Secretary 2-2-05 386-294-4296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #