

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 752792 (2)
 1. Corporation Name
CANARY PALM CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **4704 S E 6TH AVENUE SUITE E-5 CAPE CORAL FL 33904 US**
 Mailing Address: **3523 DEL PRADO BLVD. CAPE CORAL FL 33904-7266 US**

3. Date Incorporated or Qualified: **06/04/1980**
 3a. Date of Last Report: **05/16/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		59-2236170		Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ELLISON, WILLIAM J. 3523 DEL PRADO BLVD CAPE CORAL, FL CAPE CORAL FL 33904				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *William J. Ellison* **WILLIAM J. ELLISON** DATE: **2-12-97**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLISON, WILLIAM		1.2 NAME	Robert Rinko	
STREET ADDRESS	3303 SE 18TH PLACE		1.3 STREET ADDRESS	4704 S.E.6th. Ave. #A-1	
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP	Cape Coral, FL. 33904	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, BETTYLOU		2.2 NAME	Karen Millican	
STREET ADDRESS	104 ST. LAWRENCE BLVD		2.3 STREET ADDRESS	4704 S.E.6th. Ave.#D-4	
CITY-ST-ZIP	BRICK NJ		2.4 CITY-ST-ZIP	Cape Coral, FL. 33904	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RINKO, EDITH		3.2 NAME	Margaret Ellison	
STREET ADDRESS	4704 SE 6TH AVENUE 1-A		3.3 STREET ADDRESS	1003 S.W.47th. Terrace #204	
CITY-ST-ZIP	CAPE CORAL FL		3.4 CITY-ST-ZIP	Cape Coral, FL. 33914	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Rinko* **ROBERT RINKO** DATE: **2-12-97**

CR2E037 (9/96)