FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 752792

1. Corporation Name

CANARY PALM CONDOMINIUM ASSOCIATION, INC.

Country

Principal Place of Busines
4704 S E 6TH AVENUE
SUITE E-5
CAPE CORAL FL 33904
US

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

3523 DEL PRADO BLVD. CAPE CORAL FL 33904

US

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FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90135 006 ****61.25

* 3 29312 - 90135 - 6 2 *



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

06/04/1980

59-2236170

4. FEI Number

24	25	29	30	<u> </u>			Trust Fund (Added it	71 003
<u> </u>	9. Name and	Address of Current Regis	tered Agent		,	10.	Name and	Address of I	lew Registe	red Agent	
				81	Name	3					
FILIONI MILIMA I					Street	t Address /P	O. Box Num	her is Not A	ccentable)		
ELLISON, WILLIAM J.					30000	t Mudiess (i	.O. DOX HUII	1001 10 1101 711			
3523 DEL PRADO BLVD					-			_		, <u></u>	
CAPE CO	•										
CAPE COI	RAL FL 33904			84	City				1	=	ode
				45			a audamalta thia	etatoment fr			registered
office or re	agistared agent	of Sections 617.0502 and 6 or both, in the State of Floric and accept the obligations of,	la. Such change was autr	iorizea by	the corp	poration's bo	pard of direct	ors. I hereby	accept the a	opointment as reg	istered
SIGNATURE			f annicable (NOTE: Pr	orietared Ann	nt einnature	required when r	reinstation)		DATI	<u> </u>	
12.	Signature, typed or pri	nted name of registered agent and title OFFICERS AND DIRE		13.	in Africults			CHANGES T		AND DIRECTO	RS IN 12
	DD.	OFFICERS AND DIRE	DELETE	1.1 TITLE		<u> </u>				Change	Addition
TITLE	PD	-07	_ 0	1.2 NAME						_ •	_
NAME	RINKO, ROBI					_					
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CITY-ST-ZIP	CAPE CORA	L FL		1.4 CITY-5	T-ZIP	1					Addition
TITLE	SD		☐ DELETE	2.1 TITLE						Change	☐ ¥0000011
NAME	MILLICAN, K	AREN		2.2 NAME							
STREET ADDRESS	4704 SE 6TH	I AVE #D-4		2.3 STREE	T ADDRESS	s					
CITY-ST-ZIP	CAPE CORA			2. 4 CITY-	ST-ZIP						
TITLE	TD		☐ DELETE	3.1 TITLE					-	~ Change	☐ Addition
NAME	ELLISON, MA	RGARET		3.2 NAME							,
STREET ADDRESS		TH TERR, #204		3.3 STREE	TADDRESS	s					
	CAPE CORAL			3.4. CITY-		1					
CITY-ST-ZIP	CAPE CORA	<u>. r. </u>		4.1 TITLE	31-ZIF	<u> </u>		J .		☐ Change	☐ Addition
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NAME				6.2 NAME							
NAME STREET ADDRESS	A my Come			6.3 STREE	T ADDRESS	s					
SINCE I ADDRESS	ME E			6.4 CITY-5	ST-ZIP	1					
14. I hereby o	andific that the in	formation supplied with this f	iling does not qualify for the	ne evemn	tion state	ed in Section	n 119.07(3)(i)	, Florida Stat	utes. I furthe	r certify that the in	formation
indicated	on this appoint re	annet ar cumplamantal annua	ranan is true and accura	to sond the	at mv simi	inature shall	i nave ine sai	me ledal elle	a as ir made	unuer oaur, mac	aiii aii
officer or Block 12	director of the co	orporation or the receiver or tangent, or on an attachment	rustee empowered to exe with an address, with all o	cute tnis i ther like e	report as mpowere	s required by red.	y Chapter 61	r, riunua Su	ziules, and in	er my name appe	: DI & III
5/00h 12	J. 2.45 19 11 011	,,,,	/ 1//						/	,	

Country