

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769901

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: CANOPY LANE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2522 CAPITAL CIRCLE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

431 WAVERLY ROAD  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 59-2327560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ISAACS, DAN L  
431 WAVERLY ROAD  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: MUSCATO, PAM  
Address: 2522 CAPITAL CIRCLE NE #2  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DP ( ) Delete  
Name: SHWARTZ, PHIL  
Address: 2522 CAPITAL CIRCLE, NE #8  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVP ( ) Delete  
Name: JONES, RANDALL  
Address: 2522 CAPITAL CIRCLE, NE #3  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: ALTENBERG, JOSEPH  
Address: 2522 CAPITAL CIRLE, NE #4  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: JESTER, FRAN  
Address: 2522 CAPITAL CIRCLE, NE #16  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SHWARTZ, PHIL  
Address: 2522 CAPITAL CIRCLE, NE #8  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DP (X) Change ( ) Addition  
Name: BIONDI, RAY  
Address: 2914 PRIMROSE LANE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHIL SCHWARTZ

D

04/29/2007

Electronic Signature of Signing Officer or Director

Date