

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 770146 (9)

1. Corporation Name

CANALAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~G/O CMB MANAGEMENT INC
3082 JOG ROAD
LAKE WORTH FL 33467
US~~

~~C/O CMB MANAGEMENT INC
3082 JOG ROAD
LAKE WORTH FL 33467
US~~

3. Date Incorporated or Qualified
09/08/1983

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 CANALAKES H.O.A.

26 Canalakes, H.O.A.

22 3107 Poolside DR.

27 3107 Poolside Dr.

23 Greenacres FL.

28 Greenacres, FL

24 33463 25 USA

29 33463 30 USA

4. FEI Number
59-2339803

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ROSENTHAL, DAVID C.
C/O CMB MANAGEMENT INC
3082 JOG ROAD
LAKE WORTH FL 33467~~

Delete

81 Name
SUNVEST MANAGEMENT Service Corp.

82 Street Address (P.O. Box Number is Not Acceptable)
441 S. STATE Rd Seven Suite 4

83 MARGATE FL.

84 City FL 85 Zip Code
33068

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 *Sheldon Goldberg* Sheldon Goldberg

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALTSCHUELER, ALLEN	
STREET ADDRESS	3107 POOLSIDE DR	
CITY-ST-ZIP	GREENACRES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WYNDER, SAMUEL	
STREET ADDRESS	5866 EDDY CT	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, ED	
STREET ADDRESS	4804 PIER DRIVE	
CITY-ST-ZIP	GREENACRES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HILL, SONDR	
STREET ADDRESS	3107 POOLSIDE DR	
CITY-ST-ZIP	GREENACRES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BICKHAM, BEN	
STREET ADDRESS	5502 CHANNEL DRIVE	
CITY-ST-ZIP	GREENACRES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ED Roberts	
1.3 STREET ADDRESS	3107 Poolside DR.	
1.4 CITY-ST-ZIP	GREENACRES FLA	
2.1 TITLE	Vice Pres. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALTSCHUELER, ALLEN	
2.3 STREET ADDRESS	3107 Poolside DR.	
2.4 CITY-ST-ZIP	GREENACRES FLA	
3.1 TITLE	Treasurer D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JACK MURRAY	
3.3 STREET ADDRESS	3107 Poolside DR.	
3.4 CITY-ST-ZIP	GREENACRES FLA	
4.1 TITLE	Secy. T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John D. Lehman	
4.3 STREET ADDRESS	3107 Poolside dr	
4.4 CITY-ST-ZIP	GREENACRES FLA.	
5.1 TITLE	DIRECTOR T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	John Seppala	
5.3 STREET ADDRESS	3107 Poolside dr.	
5.4 CITY-ST-ZIP	Greenacres FLA.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ed Robert* ED ROBERTS (RM) 3-13-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)