

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 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 # 770146 (9)

1. Corporation Name

CANALAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

CANALAKES H.O.A.
3107 POOLSIDE DR
GREENACRES FL 33463
US

CANALAKES H.O.A.
3107 POOLSIDE DR
GREENACRES FL 33463-2383
US

3. Date Incorporated or Qualified
09/08/1983

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

SUNVEST MANAGEMENT SERVICE CORP
441 S. STATE RD SEVEN SUITE 4
MARGATE FL 33068

81 Name

NATALIE CHIN-LENN

82 Street Address (P.O. Box Number Is Not Acceptable)

2300 PALM BEACH LAKES BLVD.

83

SUITE 308

84 City

WEST PALM BEACH

FL

85 Zip Code

33409

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

(NOTE: Registered Agent signature required when reinstating)

2/6/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, ED	
STREET ADDRESS	3107 POOLSIDE DR	
CITY-ST-ZIP	GREENACRES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ALTSCHULER, ALLEN	
STREET ADDRESS	3107 POOLSIDE DR	
CITY-ST-ZIP	GREENACRES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MURRAY, JACK	
STREET ADDRESS	3107 POOLSIDE DR	
CITY-ST-ZIP	GREENACRES FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	LEHMAN, JOHN	
STREET ADDRESS	3107 POOLSIDE DR	
CITY-ST-ZIP	GREENACRES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEPPALA, JOHN	
STREET ADDRESS	3107 POOLSIDE DR	
CITY-ST-ZIP	GREENACRES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALLEN ALTSCHULER	
1.3 STREET ADDRESS	3107 POOLSIDE DRIVE	
1.4 CITY-ST-ZIP	GREENACRES, FL 33463	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JEREMIAH SEPPALA	
2.3 STREET ADDRESS	3107 POOLSIDE DRIVE	
2.4 CITY-ST-ZIP	GREENACRES, FL 33463	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SONDRA HILL	
3.3 STREET ADDRESS	3107 POOLSIDE DRIVE	
3.4 CITY-ST-ZIP	GREENACRES, FL 33463	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HARRY MCGUIRE	
4.3 STREET ADDRESS	3107 POOLSIDE DRIVE	
4.4 CITY-ST-ZIP	GREENACRES, FL 33463	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Jeremiah Seppala 2/3/97 (661)642-0447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043888

CR2E037 (9/96)