

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770146

1. Entity Name

CANALAKE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90014 022 ****70.00

Principal Place of Business Mailing Address
 CANALAKES H.O.A. CANALAKES H.O.A.
 3107 POOLSIDE DR 3107 POOLSIDE DR
 GREENACRES FL 33463 GREENACRES FL 33463-2383
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2339803** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SCHNER, LARRY E PA
750 S. DIXIE HWY
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
 Name **ST. John, Dicker, Caplan, Krivok & Core, P.A.**
 Street Address (P.O. Box Number is Not Acceptable) **500 Australian Ave. South, Suite 600**
 City **West Palm Beach** FL Zip Code **33401**

8. 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 *St John Dicker, Caplan, Krivok & Core PA (Edward Dicker)* 2/15/00
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Shareholder DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE PD NAME ALTSCHULER, ALLEN STREET ADDRESS 3107 POOLSIDE DR CITY-ST-ZIP GREENACRES FL	<input type="checkbox"/> Delete
TITLE VPD NAME LEHMAN, JOHN STREET ADDRESS 3107 POOLSIDE DR CITY-ST-ZIP GREENACRES FL 33463	<input type="checkbox"/> Delete
TITLE SD NAME HILL, SONDR STREET ADDRESS 3107 POOLSIDE DR CITY-ST-ZIP GREENACRES FL	<input type="checkbox"/> Delete
TITLE TD NAME SEPPALA, JEREMIAH STREET ADDRESS 3107 POOLSIDE DR CITY-ST-ZIP GREENACRES FL	<input checked="" type="checkbox"/> Delete
TITLE D NAME MCGUIRE, HARRY STREET ADDRESS 3107 POOLSIDE DR CITY-ST-ZIP GREENACRES FL	<input type="checkbox"/> Delete
TITLE D NAME JACKSON, ROBERT STREET ADDRESS 3107 POOLSIDE DRIVE CITY-ST-ZIP GREENACRES FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME Roberts, Charles STREET ADDRESS 3107 Poolside Dr. CITY-ST-ZIP Greenacres, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Minns, Myles STREET ADDRESS 3107 Poolside Dr. CITY-ST-ZIP Greenacres, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *John D. Lehman* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOHN D. LEHMAN** Date **2/8/00** Daytime Phone # **642-2625**

CR2E037 (9/99)