

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

04-29-2003 90074 038 ***61.25

DOCUMENT # N00000006744

1. Entity Name
CANOPY TRAILS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1809 CAPITAL CIR NE
TALLAHASSEE FL 32308**

Mailing Address
**1809 CAPITAL CIR NE
TALLAHASSEE FL 32308**

55042113



2. Principal Place of Business

**1897 CAPITAL CIRCLE
Suite, Apt. #, etc.
A-1**

3. Mailing Address

**P.O. Box 14106
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
TALLAHASSEE FL

City & State
TALL FL

4. FEI Number **59-3715091**

Applied For
Not Applicable

Zip
32308

Country
USA

Zip
32317

Country
USA

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

6. Name and Address of Current Registered Agent

**VINCENT, PRICE H JR
1809 CAPITAL CIR NE
TALLAHASSEE FL 32308**

**500 Frank Shaw Rd
Tallahassee, FL
32312**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)

Address change only

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Vincent

4/25/03

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

(NOTE: Registered Agent signature required when reappointing)

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **VINCENT, PRICE H JR.**
STREET ADDRESS **1909 CAPITAL CIR NE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME **HUDSON, GARY K**
STREET ADDRESS **1909 CAPITAL CIR NE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME **VINCENT, JOMAUREEN F**
STREET ADDRESS **1909 CAPITAL CIR NE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Price H. Vincent, Jr**
STREET ADDRESS **P.O. Box 14106**
CITY-ST-ZIP **Tallahassee, FL 32317** **DPS**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

4/25/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)