**FILED**
**May 01, 2006 8:00 am**
**Secretary of State**
05-01-2006 90442 019 ****70.00

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000000153

1. Entity Name
CANNON HEIGHTS - PHASE TWO OWNER'S ASSOCIATION, INC.

60031158

| Principal Place of Business | Mailing Address |
|---|---|
| POST OFFICE BOX 1834<br>GLEN ST. MARY, FL 32040 | POST OFFICE BOX 1834<br>GLEN ST. MARY, FL 32040 |

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04192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3706712
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KETT, KEVIN F
POST OFFICE BOX 1834
GLEN ST. MARY, FL 32040

Dina Whitehead
7206 W Smooth Bore Ave.
Glen St. Mary, FL 32040

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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: Dina Whitehead, TD 4/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | CURTIS, JOHN M SR. |
| STREET ADDRESS | 11635 N.W. 1ST AVENUE |
| CITY-ST-ZIP | GAINESVILLE, FL 32607 |
| TITLE | VD |
| NAME | KETT, KEVIN |
| STREET ADDRESS | 6794 EAST SMOOTH BORE AVENUE |
| CITY-ST-ZIP | GLEN ST. MARY'S, FL 32040 |
| TITLE | SD |
| NAME | DOUGHERTY, KAREN |
| STREET ADDRESS | 6742 EAST SMOOTH BORE AVENUE |
| CITY-ST-ZIP | GLEN ST. MARY'S, FL 32040 |
| TITLE | PD |
| NAME | OLSEN, GORDEN |
| STREET ADDRESS | 7330 WEST SMOOTH BORE AVENUE |
| CITY-ST-ZIP | GLEN ST. MARY'S, FL 32040 |
| TITLE | TD |
| NAME | WHITEHEAD, DINA Dave |
| STREET ADDRESS | 7206 W SMOOTH BOX AVENUE |
| CITY-ST-ZIP | GLEN SAINT MARY, FL 32040 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dina Whitehead, TD 4/27/06 904-259-6889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #