

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000153

FILED
May 01, 2009
Secretary of State

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

Current Principal Place of Business:

7206 W SMOOTH BORE AVE
GLEN ST. MARY, FL 32040

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1834
GLEN ST. MARY, FL 32040

New Mailing Address:

FEI Number: 59-3706712 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WHITEHEAD, DINA
7206 W. SMOOTH BARE AVE
GLEN SAINT MARY, FL 32040 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CURTIS, JOHN M SR.
Address: 11635 N.W. 1ST AVENUE
City-St-Zip: GAINESVILLE, FL 32607

Title: VD () Delete
Name: WOODRUFF, EDWARD K
Address: 6957 E SMOOTH BORE AVE
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: SD () Delete
Name: MARTINEZ, BEVERLY
Address: 7095 W SMOOTH BORE AVE
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: PD () Delete
Name: DOYLE, DEBORAH
Address: 7245 W SMOOTH BORE AVE
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: TD () Delete
Name: WHITEHEAD, DINA
Address: 7206 W SMOOTH BOX AVENUE
City-St-Zip: GLEN SAINT MARY, FL 32040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DINA WHITEHEAD

TD

05/01/2009

Electronic Signature of Signing Officer or Director

Date