

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90028 046 ****61.25

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1. Entity Name
CANARY ISLES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**3410 N HARBOR CITY BLVD
MELBOURNE, FL 32935**

Mailing Address
**3410 N HARBOR CITY BLVD
MELBOURNE, FL 32935**



02062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1088622

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LARKIN, DAVID G
1900 S HICKORY ST, STE A
MELBOURNE, FL 32901**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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	ST
NAME	PETRONI, MARK D
STREET ADDRESS	3410 N HARBOR CITY BLVD
CITY - ST - ZIP	MELBOURNE, FL 32935
TITLE	P
NAME	NELSON, GARY M
STREET ADDRESS	2526 CANARY ISLES DR.
CITY - ST - ZIP	MELBOURNE, FL 32901
TITLE	VP
NAME	HARRELL, PAM
STREET ADDRESS	2603 CANARY ISLES DR.
CITY - ST - ZIP	MELBOURNE, FL 32901
TITLE	P
NAME	William Nager
STREET ADDRESS	2604 Canary Isles Drive
CITY - ST - ZIP	Melbourne, FL 32901
TITLE	VP
NAME	Roselyn Thrash
STREET ADDRESS	2532 Canary Isles Drive
CITY - ST - ZIP	Melbourne, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/06 321-956-6371
Date Daytime Phone #