

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**


01-28-2005 90021 012 \*\*\*\*61.25

**40008139**



01242005 No Chg-NP CR2E037 (10/03)

**DOCUMENT # N03000009335**  
 1. Entity Name  
 CANYON LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
 1401 UNIVERSITY DR STE 200  
 CORAL SPRINGS, FL 33071-6039

Mailing Address  
 1401 UNIVERSITY DR STE 200  
 CORAL SPRINGS, FL 33071-6039

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 20-0347936

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

HELFMAN, STEVEN.M  
 1401 UNIVERSITY DR STE 200  
 CORAL SPRINGS, FL 33071-6039

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>SMITH, BARBARA<br>1401 UNIVERSITY DR STE 200<br>CORAL SPRINGS, FL 330716039  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>DIDONNA, JILL C<br>1401 UNIVERSITY DR STE 200<br>CORAL SPRINGS, FL 330716039 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>MENENDEZ, N. MARIA<br>1401 UNIVERSITY DR STE 200<br>CORAL SPRINGS, FL 33071 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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: *Barbara Smith, President* / 1/26/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date Daytime Phone #