


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

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90026 002 \*\*\*\*61.25

<b>DOCUMENT # N03000009335</b>	
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
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**DO NOT WRITE IN THIS SPACE**



01032006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-0347936	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ 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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, BARBARA 1401 UNIVERSITY DR STE 200 CORAL SPRINGS, FL 330716039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DIDONNA, JILL C 1401 UNIVERSITY DR STE 200 CORAL SPRINGS, FL 330716039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MENENDEZ, N. MARIA 1401 UNIVERSITY DR STE 200 CORAL SPRINGS, FL 33071
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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:  DATE: 2/8/06 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR