


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90030 023 \*\*\*\*61.25

DOCUMENT # N03000009335			
1. Entity Name CANYON LAKES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1600 SAWGRASS CORPORATE PARKWAY SUITE 300 SUNRISE, FL 33323		Mailing Address 1600 SAWGRASS CORPORATE PARKWAY SUITE 300 SUNRISE, FL 33323	
2. Principal Place of Business - No P.O. Box # <i>8771 Canyon Lakes Drive</i>		3. Mailing Address <i>8771 Canyon Lakes Drive</i>	
Suite, Apt. #, etc. <i>Boynton Beach, Fl.</i>		Suite, Apt. #, etc. <i>Boynton Beach, Fl. 33437</i>	
City & State		City & State	
Zip <i>33437</i>	Country <i>USA</i>	Zip <i>33437</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent CAPLAN, LOUIS SACHS SAX KLEIN PA 301 YAMATO ROAD - SUITE 4150 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, BARBARA 1600 SAWGRASS CORPORATE PKWY, SUITE 300 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PTT</i> <i>Tisci, John</i> <i>8532' Breezy Oak Way</i> <i>Boynton Beach, Fl. 33437</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DIDONNA, JILL 1600 SAWGRASS CORPORATE PKWY, SUITE 300 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S</i> <i>Schachter, Adam</i> <i>8664 Woodgrove Harbor Lane</i> <i>Boynton Beach, Fl. 33437</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MENENDEZ, N. MARIA 1600 SAWGRASS CORPORATE PKWY, SUITE 300 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S</i> <i>Agudelo, Juan</i> <i>10617 Walnut Valley Dr.</i> <i>Boynton Beach, Fl. 33437</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Robert C. [Signature]</i>		Date: <i>1/12/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40015000



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4. FEI Number 20-0347936 Applied For Not Applicable

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