

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009335

FILED
Apr 29, 2009
Secretary of State

Entity Name: CANYON LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8771 CANYON LAKES DRIVE
BOYNTON BEACH, FL 33473 US

New Principal Place of Business:

Current Mailing Address:

8771 CANYON LAKES DRIVE
BOYNTON BEACH, FL 33473 US

New Mailing Address:

FEI Number: 20-0347936 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPLAN, LOUIS
SACHS SAX KLEIN PA
301 YAMATO ROAD - SUITE 4150
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

ASSOCIATED CORPORATE SERVICES, LLC
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 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: LOU CAPLAN

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TISCI, JOHN
Address: 8532 BREEZY OAK WAY
City-St-Zip: BOYNTON BEACH, FL 33473

Title: VGD () Delete
Name: SCHACHTER, ADAM
Address: 8664 WOODGROVE HARBOR LANE
City-St-Zip: BOYNTON BEACH, FL 33473

Title: TD () Delete
Name: WERRLEIN, KARL
Address: 10846 SUNSETRIDGE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33473

Title: D () Delete
Name: CARRILLO, FRANCO
Address: 10301 WILLOW OAKS TRL
City-St-Zip: BOYNTON BEACH, FL 33473

Title: SD (X) Delete
Name: CAMPBELL, BLAKE
Address: 8919 MAPLE HILL COURT
City-St-Zip: BOYNTON BEACH, FL 33473

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: SCHACHTER, ADAM
Address: 8664 WOODGROVE HARBOR LANE
City-St-Zip: BOYNTON BEACH, FL 33473

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

Title: SD (X) Change () Addition
Name: CAMPBELL, BLAKE
Address: 8919 MAPLE HILL COURT
City-St-Zip: BOYNTON BEACH, FL 33473

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: JOHN TISCI

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date