

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90299 011 ****61.25

DOCUMENT # N03000009364

1. Entity Name
CANOPY WALK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1064 GREENWOOD BLVD
LAKE MARY, FL 32746**

Mailing Address
**C/O MAY MANAGEMENT
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080**

50011616



2. Principal Place of Business
**810 MAY MGMT
Suite, Apt. #, etc.
5455 A1A SOUTH
City & State
ST AUGUSTINE FL
Zip
32080 Country
USA**

3. Mailing Address
**Suite, Apt. #, etc.
City & State
Zip
Country**

03242006 Chg-NP CR2E037 (11/05)

4. FEI Number
57-1181180

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**MAY MANAGEMENT SERVICES INC
5455 A1A SO.
SAINT AUGUSTINE, FL 32080**

7. Name and Address of New Registered Agent
**Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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 | PD LOUGUE, LANE 1064 GREENWOOD BLVD #220 LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROY BLUMEN AVER 400 CANOPY WALK LN #435 PALM COAST FL 32137 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CALTON, DAN 1064 GREENWOOD BLVD #200 LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DOE DOBB S 782 MITCH PT MARLBOROUGH MA 01901 <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 | P DEAN LINDEN COX 1000 CANOPY WALK LN #1001 PALM COAST FL 32137 <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 | S JEAN WIX 341 CANOPY WALK LN PALM COAST FL 32137 <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 | D TOMMY KALIL 126 INTERLOCKEN DR PERCENTAGE CITY GA 30045 <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: *[Signature]* **April 10th 2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #