

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90043 027 ****61.25

DOCUMENT # N03000009364

1. Entity Name
CANOPY WALK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O MAY MGMT
5455 A1A S
SAINT AUGUSTINE, FL 32080**

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

40041000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082007

Chg-NP

CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**MAY MANAGEMENT SERVICES INC
5455 A1A SO.
SAINT AUGUSTINE, FL 32080**

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, 2007**

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

TITLE **P** ☒ Delete
NAME **BUMENAUER, ROY**
STREET ADDRESS **400 CANOPY WALK LN 435**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **VP** ☒ Delete
NAME **DOBB, SUE S**
STREET ADDRESS **782 MITSY PT**
CITY-ST-ZIP **MARIETTA, GA 30067**

TITLE **T** ☐ Delete
NAME **LINDEN COX, DEAN**
STREET ADDRESS **1000 CANOPY WALK LN 1021**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **S** ☒ Delete
NAME **NIX, JEAN**
STREET ADDRESS **541 CANOPY WALK LN**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **D** ☒ Delete
NAME **KALIL, TOMMY**
STREET ADDRESS **126 INTERLOCHGN PL**
CITY-ST-ZIP **PCH TREE CITY, GA 30265**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **BROWN, RALPH E**
STREET ADDRESS **700 CANOPY WALK LN #5 741**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **VP** ☐ Change ☒ Addition
NAME **VON SOOSTEN, DIEDEKE**
STREET ADDRESS **621 CANOPY WALK LN**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **SEC/TREAS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #