

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009364

FILED
Mar 10, 2009
Secretary of State

Entity Name: CANOPY WALK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O MAY MGMT
5455 A1A S
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 57-1181180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: VON SOOSTEN, DIGDRICH
Address: 621 CANOPY WALK LN
City-St-Zip: PALM COAST, FL 32137

Title: P () Delete
Name: BROWN, RALPH
Address: 700 CANOPY WALK LN # 761
City-St-Zip: PALM COAST, FL 32137

Title: VP () Delete
Name: URIBE, EDWARD
Address: 600 CANOPY WALK LANE #614
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: VON SOOSTEN, DIEDRICH
Address: 600 CANOPY WALK LANE #621
City-St-Zip: PALM COAST, FL 32137

Title: P (X) Change () Addition
Name: BROWN, RALPH
Address: 700 CANOPY WALK LANE #761
City-St-Zip: PALM COAST, FL 32137

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: EDWARD URIBE

SEC

03/10/2009

Electronic Signature of Signing Officer or Director

Date