2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2011
Secretary of State

DOCUMENT# N03000009364

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: P
Name: GARRY, LUBI
Address: 400 CANOPY WALK LANE #431
City-St-Zip: PALM COAST, FL 32137

Title: VP
Name: DAMIANI, BRANKA
Address: 2 IBIS COURT S
City-St-Zip: PALM COAST, FL 32137

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

Title: S
Name: PERRY, ROBERT M
Address: 8984 SW 64TH LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: COCHRAN, WILLIAM
Address: 8688 SW 77TH AVE
City-St-Zip: GAINESVILLE, FL 32608

I hereby 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 all other like empowered.

SIGNATURE: GARRY R. LUBI P 03/29/2011

Electronic Signature of Signing Officer or Director — Date