

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90027 024 ****61.25

DOCUMENT # N04000008071

1. Entity Name
CANYON ISLES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
1401 UNIVERSITY DR SUITE 200
CORAL SPRINGS, FL 33071-6039

Mailing Address
1401 UNIVERSITY DR SUITE 200
CORAL SPRINGS, FL 33071-6039



01032006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
20-1528621

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HELFMAN, STEVEN M
1401 UNIVERSITY DR SUITE 200
CORAL SPRINGS, FL 33071-6039

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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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, BARBARA
STREET ADDRESS 1401 UNIVERSITY DR SUITE 200
CITY-ST-ZIP CORAL SPRINGS, FL 330716039

TITLE VD
NAME DIDONNA, JILL C
STREET ADDRESS 1401 UNIVERSITY DR SUITE 200
CITY-ST-ZIP CORAL SPRINGS, FL 330716039

TITLE VSTD
NAME MENENDEZ, N MARIA
STREET ADDRESS 1401 UNIVERSITY DR SUITE 200
CITY-ST-ZIP CORAL SPRINGS, FL 330716039

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 #