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# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N04000008071</b> 1. Entity Name <b>CANYON ISLES HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1600 SAWGRASS CORPORATE PKWY SUITE 300 SUNRISE, FL 33323</b>		Mailing Address <b>1600 SAWGRASS CORPORATE PKWY SUITE 300 SUNRISE, FL 33323</b>	
2. Principal Place of Business - No P.O. Box # <b>G.R.S. MANAGEMENT ASSOCIATES, INC. 3000 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463</b>		3. Mailing Address <b>G.R.S. MANAGEMENT ASSOCIATES, INC. 3000 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463</b>	
Zip <b>33463</b>	Country <b>FL</b>	Zip <b>33463</b>	Country <b>FL</b>
4. FEI Number <b>20-1528621</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HELFMAN, STEVEN M 1600 SAWGRASS CORPORATE PKWY SUITE 300 SUNRISE, FL 33323</b>		7. Name and Address of New Registered Agent Name <b>Brough, Chadrow &amp; Levine P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1900 N. Commerce Pkwy</b> City <b>Weston</b> FL Zip Code <b>33326</b>	
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 <b>Scott J. Levine, Esq. for Brough, Chadrow &amp; Levine, P.A.</b> DATE <b>10/1/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD SMITH, BARBARA 1600 SAWGRASS CORPORATE PKWY, SUITE 300 SUNRISE, FL 33323</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Self attached</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VD DIDONNA, JILL C 1600 SAWGRASS CORPORATE PKWY, SUITE 300 SUNRISE, FL 33323</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Self attached</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VSTD MENENDEZ, N MARIA 1600 SAWGRASS CORPORATE PKWY, SUITE 300 SUNRISE, FL 33323</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Self attached</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>5/10/8</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>700110941367 10/18/07-01015-013 **\$1.25</b>	<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
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.			
<b>SIGNATURE:</b>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		Date Daytime Phone #	

FILED  
07 OCT -5 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08282007 Chg-NP CR2E037 (12/06)

CANYON ISLES HOA - AMENDED ANNUAL REPORT  
DOCUMENT #N0400008071

ADD PD  
ROTHMAN, JAMES  
8731 CARAWAY LAKE COURT  
BOYNTON BEACH, FL 33473

ADD SVPD  
VINE, SKIPPER J.  
11186 MILLPOND GREENS DR  
BOYNTON BEACH, FL 33473

ADD TD  
SEMMELE, STACEY  
8765 SANDY CREST LANE  
BOYNTON BEACH, FL 33473