2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000008071

1. Entity Name

CANYON ISLES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD, SUITE 309 LAKE WORTH, FL 33463

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

Mailing Address

3. Mailing Address

G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD, SUITE 309 LAKE WORTH, FL 33463

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	04102

FILED

Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90092 030 ****61.25

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Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04102008 Chg-NP CR2E037 (12/06)				
City & Stat	e	City & State		4. FEI Number 20-1528621			plied For t Applicable	
Zîp	Country	Zip	Country	5. Certificate of State		8.75 Add	itional	
	6. Name and Address of Current Regi	stered Agent	<u> </u>	7. Name and Addres	ss of New Registered A	gent		
BROUGH, CHADROW & LEVINE, P.A. 1900 N COMMERCE PKWY WESTON, FL 33326			Name	Name				
			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	;	
	named entity submits this stateme; it for the ions of registered agent. Signature, typed or printed name of rer		registered office or registered office or registered.		e State of Florida. I am fa	imiliar with, a	and accept	
	Filing Fee is \$61,25 Due by May 1, 2008	9. Election Carr Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Make/check Florida/Depart			
10.	OFFICERS AND DIFIEC	ORS /	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIR		10	
TITLE NAME STREET ADORESS CITY-ST-ZIP	PD ROTHMAN, JAMES 8731 CARAWAY LAKE COURT BOYNTON BEACH, FL 33473	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD VINE, SKIPPER J 11186 MILLPOND GREENS DR BOYNTON BEACH, FL 33473	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ine Kipper:	J d 4 33473	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEMMEL, STACEY 8765 SANDY CREST LANE BOYNTON BEACH, FL 33473	☐ Delete	INTLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	oepjel &	vice forest	Change Mail 3347	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clinhocals, 11365 Dande Boynton B	Kenth tome Hill TeN 1, If 3347		☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE V F	Dublynn, S	tagy Bidge Way	☐ Change	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 supplied entail 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR