

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010520

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: CANOPY WALK MARINA ASSOCIATION, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

## New Mailing Address:

FEI Number: 20-1895820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'NEIL, CYNTHIA  
MAY MANAGEMENT SERVICES INC  
5455 A1A SOUTH  
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: D ( ) Delete  
Name: BOXMAN, DEAN  
Address: 207 UNDEROAKS DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: P ( ) Delete  
Name: POZO, VIVIAN  
Address: 4414 DOWN PT LANE  
City-St-Zip: WINDERMERE, FL 34786

Title: VPST ( ) Delete  
Name: MAST, BRUCE  
Address: 6711 NW 81ST BLVD  
City-St-Zip: GAINESVILLE, FL 32653

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: BUXMAN, DEAN  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: P (X) Change ( ) Addition  
Name: POZO, VIVIAN  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VPST (X) Change ( ) Addition  
Name: MAST, BRUCE  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

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: DEAN BUXMAN

T

03/18/2009

Electronic Signature of Signing Officer or Director

Date