


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90013 031 \*\*\*\*61.25

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>DOCUMENT # N04000011443</b><br>1. Entity Name<br><b>COUNTRY LANDINGS HOMEOWNERS' ASSOCIATION AT CANNON CREEK, INC.</b>  |  |  |  |   |  |
| Principal Place of Business<br><b>245 SW CHALLENGER LANE<br/>LAKE CITY, FL 32025</b>   |  |  | Mailing Address<br><b>245 SW CHALLENGER LANE<br/>LAKE CITY, FL 32025</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>289 SW Challenger Lane</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>289 SW Challenger Lane</b><br>Suite, Apt. #, etc.   |  |  |  |
| City & State<br><b>Lake City FL</b><br>Zip<br><b>32025</b>   |  | City & State<br><b>Lake City FL</b><br>Zip<br><b>32025</b>   |  | 4. FEI Number<br><b>20-2807547</b>   |  |
| Country<br><b>USA</b>  |  | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WOODFIN, LARRY E PD<br/>245 SW CHALLENGER LANE<br/>LAKE CITY, FL 32025</b>   |  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Sauriol, Daniel P-D</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>289 SW Challenger Lane</b><br>City <b>Lake City</b> <b>FL</b> Zip Code <b>32025</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.<br><br>SIGNATURE <u><b>Daniel Sauriol President</b></u> <span style="float: right;"><u><b>3/20/07</b></u></span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P-D<br>WOODFIN, LARRY E P/D<br>245 SW CHALLENGER LANE<br>LAKE CITY, FL 32025   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | P-D<br><del>WOODFIN, LARRY E P/D</del><br>Sauriol, Daniel<br>289 SW Challenger Lane<br>Lake City FL 32025  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP-D<br>HOFFMAN, ROBERT VVP/D<br>315 SW CHALLENGER LANE<br>LAKE CITY, FL 32025 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | VP-D<br>Blanchi, Louis<br>165 SW Wings Terrace<br>Lake City FL 32025   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T-D<br>HOFFMAN, DOREEN T/D<br>315 SW CHALLENGER LANE<br>LAKE CITY, FL 32025    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | S/D<br>Tieman, Sandra<br>209 SW Wings Terrace<br>Lake City FL 32025  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S/D<br>NORTON, JEAN C S/D<br>245 SW CHALLENGER LANE<br>LAKE CITY, FL 32025     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | S/D<br>Tieman, Sandra<br>209 SW Wings Terrace<br>Lake City FL 32025  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
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| 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: <u><b>Doreen Hoffman</b></u> <b>Doreen Hoffman</b>  |  | 3-21-07  |  | 386-365-3879   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | <small>Date</small>  |  | <small>Daytime Phone #</small>   |  |

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