

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04766

FILED  
Jan 24, 2008  
Secretary of State

**Entity Name:** CANAL PLACE PHASE II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

445 GULF SHORE DRIVE  
DESTIN, FL 32541 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 640883  
KENNER, LA 700650883 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COFFIELD, COLLEEN P  
1719 S COUNTY HWY 393  
127 HIGHWAY 98 EAST., 3A  
32459 ROSA BEACH, FL 32541 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: VP ( ) Delete  
Name: RAZOR, RICK VP  
Address: 284 CORINTHIAN PLACE  
City-St-Zip: DESTIN,, FL 32541

Title: S/T ( ) Delete  
Name: REINERTH, CHARLES  
Address: 661 PETIT BERDOT  
City-St-Zip: KENNER, LA 70065

Title: P ( ) Delete  
Name: WINDES, EVAN  
Address: 331 STAHLMAN AVE  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: WINDES, TAYLOR D  
Address: 331 STAHLMAN AVE  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: BLOOMFIELD, CHRIS D  
Address: 96 INDIGO LOOP  
City-St-Zip: DESTIN, FL 32550

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHARLES REINERTH

ST

01/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date