

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 15, 2007**  
**Secretary of State**

DOCUMENT# N06000002203

**Entity Name:** CANOPY CROSSING PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**9995 GATE PKWY NORTH  
SUITE 400  
JACKSONVILLE, FL 32246**New Principal Place of Business:**402 BARRIER DUNES DR  
PORT ST JOE, FL 32456 US**Current Mailing Address:**PO BOX 266221  
WESTON, FL 33326**New Mailing Address:**402 BARRIER DUNES DR  
PORT ST JOE, FL 32456 US**FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WESTON CORPORATE ADMINISTRATION LLC  
17150 ROYAL PALM BLVD  
SUITE 4  
WESTON, FL 33326 US**Name and Address of New Registered Agent:**OWENS, LARRY  
402 BARRIER DUNES DR  
PORT ST JOE, FL 32456 US

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: LARRY OWENS

10/15/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: OWENS, LARRY  
Address: 402 BARRIER DUNES DR  
City-St-Zip: PORT ST JOE, FL 32456

Title: VP ( ) Delete  
Name: LAWRENCE, TERRY  
Address: 11552 WALDEN LOOP  
City-St-Zip: PARRISH, FL 34219

Title: S ( ) Delete  
Name: RODRIGUEZ, JACQUELINE  
Address: 854 GOLDEN CANE DR  
City-St-Zip: WESTON, FL 33327

Title: T (X) Delete  
Name: RODRIGUEZ, ALVARO  
Address: 854 GOLDEN CANE DR  
City-St-Zip: WESTON, FL 33327

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

Title: DP (X) Change ( ) Addition  
Name: OWENS, LARRY  
Address: 402 BARRIER DUNES DR  
City-St-Zip: PORT ST JOE, FL 32456 US

Title: VP (X) Change ( ) Addition  
Name: LAWRENCE, TERRY  
Address: 11552 WALDEN LOOP  
City-St-Zip: PARRISH, FL 34219 US

Title: T (X) Change ( ) Addition  
Name: OWENS, WANDA  
Address: 402 BARRIER DUNES DR  
City-St-Zip: PORT ST JOE, FL 32456 US

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: WANDA OWENS

T

10/15/2007

Electronic Signature of Signing Officer or Director

Date