## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000002203

FILED Apr 04, 2008 Secretary of State

Entity Name: CANOPY CROSSING PROPERTY OWNERS ASSOCIATION, INC.

| O   |  |   |                                       |   |  |
|---|--|---|---------------------------------------|---|--|
| Current Principal Place of Business:        |  |   | New Principal Place                   | New Principal Place of Business:        |  |
|   | RIER DUNES DE<br>JOE, FL 32456                           |   |                                       |   |  |
| Current M                                   | Mailing Address  | s:  | New Mailing Addres                    | s:                                      |  |
|   | RIER DUNES DE<br>JOE, FL 32456                           |   |                                       |   |  |
| FEI Number                                  | r: 20-4402383  | FEI Number Applied For ( )                | FEI Number Not Applicable ( )         | Certificate of Status Desired ( )       |  |
| Name and                                    | d Address of C   | urrent Registered Agent:                  | Name and Address                      | of New Registered Agent:                |  |
|   | LARRY<br>RIER DUNES DF<br>JOE, FL 32456                  |   |                                       |   |  |
|   | e named entity s<br>e of Florida.                        | ubmits this statement for the             | purpose of changing its registere     | ed office or registered agent, or both, |  |
| SIGNATU                                     |  | ic Signature of Registered Ag             | and .                                 |   |  |
| 0551050                                     |  |   |                                       | Dete                                    |  |
| UFFILER                                     |  |   |                                       | Date                                    |  |
|   | S AND DIRECT   |   |                                       | Date ES TO OFFICERS AND DIRECTOR        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: |  | TORS: Delete Y DUNES DR                   |                                       |   |  |
| Title:<br>Name:<br>Address:                 | DP ()<br>OWENS, LARRY<br>402 BARRIER D<br>PORT ST JOE, I | Delete Y DUNES DR FL 32456 US Delete ERRY | ADDITIONS/CHANG Title: Name: Address: | ES TO OFFICERS AND DIRECTOR             |  |

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: LARRY OWENS DP 04/04/2008