2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# N06000002203

Entity Name: CANOPY CROSSING PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

402 BARRIER DUNES DR
PORT ST JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

402 BARRIER DUNES DR
PORT ST JOE, FL 32456 US

New Mailing Address:

FEI Number: 20-4402383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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

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

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:

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 04/19/2009

Electronic Signature of Signing Officer or Director — Date