

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAR -7 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02122008 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000013011 1. Entity Name CANNERY ROW HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 277 SOUTHEAST 5TH AVENUE DELRAY BEACH, FL 33483			Mailing Address 277 SOUTHEAST 5TH AVENUE DELRAY BEACH, FL 33483		
2. Principal Place of Business - No P.O. Box # <u>202 SE 5TH AVENUE</u>		3. Mailing Address <u>202 SE 5TH AVENUE</u>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <u>Delray Beach, FL</u>		City & State <u>Delray Beach, FL</u>		4. FEI Number APPLIED FOR	
Zip <u>33483</u>		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANNERY ROW LLC 277 SOUTHEAST 5TH AVENUE DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>202 SE 5TH AVENUE</u> City <u>Delray Beach</u> FL Zip Code <u>33483</u>	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GLICKSTEIN, CARY 277 SOUTHEAST 5TH AVENUE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	202 Southeast 5th Avenue Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLICKSTEIN, CARY 277 SOUTHEAST 5TH AVENUE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	202 Southeast 5th Avenue Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, MICHAEL 277 SOUTHEAST 5TH AVENUE DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Glickstein, Debbie 202 SE 5th Avenue, Delray Ach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARR, KEVIN 277 SOUTHEAST 5TH AVENUE DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vaccio-Lange Collins, Claire 202 SE 5th Avenue Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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>Cary Glickstein</u> <u>2/13/08</u> <u>561.279.8952</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

KS