

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37568

FILED
Apr 27, 2006
Secretary of State

Entity Name: CANYON SPRINGS RESORT HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 123
FOUNTAIN, FL 32438 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 123
FOUNTAIN, FL 32438 US

New Mailing Address:

FEI Number: 59-3114345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTSON, SHARON
944 HAMMOND LAKE DRIVE
FOUNTAIN, FL 32438 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: D () Delete
Name: CHASTAIN, BENNY
Address: P.O. BOX 13235
City-St-Zip: TALLAHASSEE, FL 32317

Title: DP () Delete
Name: MAULDIN, CW
Address: 1400 TWIN PINES LANE
City-St-Zip: PANAMA CITY, FL 32407

Title: D () Delete
Name: SHIVER, GLADYS
Address: 8011 BLANCHE ST.
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: MCFATTER, HERBERT
Address: 984 HAMMOND LAKE DR.
City-St-Zip: FOUNTAIN, FL 32438

Title: ST () Delete
Name: ROBERTSON, SHARON
Address: 944 HAMMOND LAKE DR.
City-St-Zip: FOUNTAIN, FL 32438

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MIXSON, VIRGIL
Address: 5386 EZELL STREET
City-St-Zip: GRACEVILLE, FL 32440

Title: D (X) Change () Addition
Name: HAGLER, DONALD
Address: 512 N 9TH PLAZA
City-St-Zip: PANAMA CITY, FL 32404

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

Title: DP (X) Change () Addition
Name: MCFATTER, HERBERT
Address: 6107 OX BOTTOM MANOR DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: D () Change (X) Addition
Name: COOK, GARY
Address: 4105 TRALEE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON ROBERTSON

ST

04/27/2006

Electronic Signature of Signing Officer or Director

Date