## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N37568

FILED May 01, 2007 Secretary of State

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

Current Principal Place of Business:			New Principal Place of Business:		
PO BOX 12 FOUNTAIN	23 N, FL 32438	US		DN SPRINGS DRIVE I, FL 32438 US	
Current Mailing Address:			New Mailing Address:		
PO BOX 12 FOUNTAIN	23 N, FL 32438	US			
n accordanc		FEI Number Applied For() FEI Nui 3(2)(b), F.S., the corporation did not receive urrent Registered Agent:		( )	
944 HAMM	ON, SHARON IOND LAKE DI I, FL 32438				
	named entity s of Florida.	submits this statement for the purpose of	of changing it	s registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () MIXSON, VIRGI 5386 EZELL ST GRACEVILLE, F	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D () HAGLER, DONA 512 N 9TH PLA PANAMA CITY,	ZA	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () SHIVER, GLAD 8011 BLANCHE PANAMA CITY,	ST.	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition GILLETTE, JIM 938 HAMMOND LAKE DRIVE FOUNTAIN, FL 32438	
Title: Name: Address: City-St-Zip:	MCFATTER, HE	DM MANOR DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition CREEL, SYLVIA 992 HAMMOND LAKE DRIVE FOUNTAIN, FL 32438	
Title: Name: Address: City-St-Zip:	ST () ROBERTSON, \$ 944 HAMMOND FOUNTAIN, FL	LAKE DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	D () COOK, GARY 4105 TRALEE F TALLAHASSEE,		Title: Name: Address: City-St-Zip:	DP (X) Change ( ) Addition COOK, GARY 4105 TRALEE ROAD TALLAHASSEE, FL 32309	

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: SHARON ROBERTSON ST 05/01/2007