

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37568

FILED  
Apr 30, 2008  
Secretary of State

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

**Current Principal Place of Business:**

720 CANYON SPRINGS DRIVE  
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:**

COOK, GARY  
4105 TRALEE ROAD  
TALLAHASSEE, FL 32309 US

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: GARY COOK

04/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: D ( ) Delete  
Name: GILLETTE, JIM  
Address: 938 HAMMOND LAKE DRIVE  
City-St-Zip: FOUNTAIN, FL 32438

Title: D ( ) Delete  
Name: CREEL, SYLVIA  
Address: 992 HAMMOND LAKE DRIVE  
City-St-Zip: FOUNTAIN, FL 32438

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

Title: DP ( ) Delete  
Name: COOK, GARY  
Address: 4105 TRALEE ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

**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:

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: GARY COOK

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date