

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37568

FILED
Apr 30, 2009
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:

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

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 US

Title: D (X) Change () Addition
Name: BAILEY, ANDREW
Address: P.O. BOX 4237
City-St-Zip: TALLAHASSEE, FL 32315 US

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

Title: D (X) Change () Addition
Name: CREEL, SYLVIA
Address: 1024 HARVARD BLVD
City-St-Zip: LYNN HAVEN, FL 32433 US

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

Title: ST () Change (X) Addition
Name: ROBERTSON, SHARON
Address: 944 HAMMOND LAKE DRIVE
City-St-Zip: FOUNTAIN, FL 32438 US

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

04/30/2009

Electronic Signature of Signing Officer or Director

Date