2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2012
Secretary of State

DOCUMENT# N93000004993

Entity Name: CANOE CREEK VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

101 PARK PLACE BLVD
SUITE 2
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

101 PARK PLACE BLVD
SUITE 2
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 59-3209316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASSOCIATION MANAGEMENT GROUP OF CENTRAL
FLORIDA, INC.
101 PARK PLACE BLVD., STE 2
KISSIMMEE, FL 34741 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: DP
Name: PERRETTI, LYNN
Address: 3237 VILLA WAY CIR
City-St-Zip: SAINT CLOUD, FL 34769

Title: DV
Name: RAMSEY, SHEILA
Address: 3251 VILLA WAY CIRCLE
City-St-Zip: SAINT CLOUD, FL 34769

Title: DS
Name: ORLOFF, SHIRLEY
Address: 3217 VILLA WAY CIR
City-St-Zip: SAINT CLOUD, FL 34769

Title: DT
Name: RUSSO, CLAIRE
Address: 3265 VILLA WAY CIRCLE
City-St-Zip: SAINT CLOUD, FL 34769

Title: D
Name: WENGERT, SHARI
Address: 3205 VILLA WAY CIRCLE
City-St-Zip: SAINT CLOUD, FL 34769

I hereby 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 all other like empowered.

SIGNATURE: LYNN PERRETTI DP 03/23/2012

Electronic Signature of Signing Officer or Director Date