

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001691

FILED
Apr 18, 2005
Secretary of State

Entity Name: CANOE CREEK ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1106 W. OAK STREET
SUITE E
KISSIMMEE, FL 34741

New Principal Place of Business:

231 RUBY AVENUE
SUITE B
KISSIMMEE, FL 34741

Current Mailing Address:

PO BOX 452847
KISSIMMEE, FL 34745

New Mailing Address:

FEI Number: 59-3231411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATION SOLUTIONS OF CENTRAL FL, INC.
1106 W. OAK STREET
SUITE E
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

ASSOCIATION SOLUTIONS OF CENTRAL FL, INC.
231 RUBY AVENUE
SUITE B
KISSIMMEE, FL 34741 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:

04/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WELBORN, DAREN
Address: 3036 ELBIB DRIVE
City-St-Zip: ST CLOUD, FL 34772

Title: VP () Delete
Name: SORESON, CHRIS
Address: 2902 NOAH CIRCLE
City-St-Zip: ST CLOUD, FL 34772

Title: D () Delete
Name: CASEY, JAMES
Address: 2518 TALEGA DRIVE
City-St-Zip: ST CLOUD, FL 34772

Title: SEC () Delete
Name: SARGENT, LISA
Address: 2918 ELBIB DRIVE
City-St-Zip: ST CLOUD, FL 34772

Title: TR (X) Delete
Name: GINLEY, JEFF
Address: 2901 NOAH CIRCLE
City-St-Zip: ST CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KUENZLI, JEFFREY
Address: 3017 ELBIB DRIVE
City-St-Zip: ST CLOUD, FL 34772

Title: VP (X) Change () Addition
Name: SORENSON, CHRIS
Address: 2902 NOAH CIRCLE
City-St-Zip: ST CLOUD, FL 34772

Title: SEC (X) Change () Addition
Name: LAPRE, NANCY
Address: 2930 ELBIB DRIVE
City-St-Zip: ST CLOUD, FL 34772

Title: TR (X) Change () Addition
Name: QUESNELL, RICHARD
Address: 2920 CANOE CIRCLE
City-St-Zip: ST CLOUD, FL 34772

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEFF KUENZLI

P

04/18/2005

Electronic Signature of Signing Officer or Director

Date