

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001691

FILED  
Apr 28, 2008  
Secretary of State

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

**Current Principal Place of Business:**

231 RUBY AVENUE  
SUITE A  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

231 RUBY AVENUE  
SUITE A  
KISSIMMEE, FL 34741

**New Mailing Address:**

PO BOX 452847  
KISSIMMEE, FL 34745

**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.  
231 RUBY AVENUE  
SUITE A  
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: P ( ) Delete  
Name: HEALY, MICHAEL  
Address: 2905 CANOE CIRCLE  
City-St-Zip: ST CLOUD, FL 34772

Title: VP ( ) Delete  
Name: WILSON, MICHAEL  
Address: 2930 CANOE CIRCLE  
City-St-Zip: ST CLOUD, FL 34772

Title: STD ( ) Delete  
Name: TUCKER, ANN  
Address: 2963 TIKIMBER WAY  
City-St-Zip: ST CLOUD, FL 34772

Title: D (X) Delete  
Name: NASIM, PAULITA  
Address: 2936 ELBIB DRIVE  
City-St-Zip: ST CLOUD, FL 34772

Title: D (X) Delete  
Name: MANGRAY, VIRON  
Address: 2939 ELBIB DRIVE  
City-St-Zip: ST CLOUD, FL 34772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ZINN, JOHN  
Address: 2927 ELBIB DRIVE  
City-St-Zip: ST. CLOUD, FL 34772

Title: VP (X) Change ( ) Addition  
Name: NASIM, PAULITA  
Address: 2936 ELBIB DRIVE  
City-St-Zip: ST. CLOUD, FL 34772

Title: STD (X) Change ( ) Addition  
Name: MCFARLAND, NORMA  
Address: 2943 NOAH CIRCLE  
City-St-Zip: ST. CLOUD, FL 34772

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: JOHN ZINN

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date