

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001691

FILED  
Mar 07, 2012  
Secretary of State

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

**Current Principal Place of Business:**

241 RUBY AVENUE  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

811 MABBETTE STREET  
KISSIMMEE, FL 34741 US

**Current Mailing Address:**

241 RUBY AVENUE  
KISSIMMEE, FL 34741 US

**New Mailing Address:**

811 MABBETTE STREET  
KISSIMMEE, FL 34741 US

**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.  
241 RUBY AVENUE  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

ASSOCIATION SOLUTIONS OF CENTRAL FL, INC.  
811 MABBETTE STREET  
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: MARK HILLS

03/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DST  
Name: ZINN, JOHN  
Address: 2927 ELBIB DRIVE  
City-St-Zip: ST. CLOUD, FL 34772 US

Title: DVP  
Name: MCFARLAND, JOHN  
Address: 2943 NOAH CIRCLE  
City-St-Zip: ST. CLOUD, FL 34772 US

Title: DP  
Name: NEWTON, SHELLA  
Address: 3038 ELBIB DRIVE  
City-St-Zip: ST. CLOUD, FL 34772 US

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: MARK HILLS

MR

03/07/2012

Electronic Signature of Signing Officer or Director

Date