


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

<b>DOCUMENT # N98000001296</b> 1. Entity Name <b>CANNON HEIGHTS OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>11635 NW 1 AVE GAINESVILLE, FL 32607</b>			Mailing Address <b>11635 NW 1 AVE GAINESVILLE, FL 32607</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3631146</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CURTIS, JOHN M SR. 11635 NW 1 AVE GAINESVILLE, FL 32607</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANE, KEITH		NAME		
STREET ADDRESS	6861 ODIS YARBOROUGH ROAD		STREET ADDRESS		
CITY-ST-ZIP	GLEN ST. MARY, FL 32040		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURTIS, JOHN M SR.		NAME		
STREET ADDRESS	11635 NW 1 AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, MICHAEL		NAME		
STREET ADDRESS	7001 ODIS YARBOROUGH ROAD		STREET ADDRESS		
CITY-ST-ZIP	GLEN ST. MARY, FL 32040		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANE, JANET		NAME		
STREET ADDRESS	7107 ODIS YARBOROUGH ROAD		STREET ADDRESS		
CITY-ST-ZIP	GLEN ST. MARY, FL 32040		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____			<b>John M. Curtis</b> <b>Director</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>4-27-06</b> <small>Daytime Phone #</small> <b>352-332-0838</b>		

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03012006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-3631146

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

CURTIS, JOHN M SR.  
11635 NW 1 AVE  
GAINESVILLE, FL 32607

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LANE, KEITH  
STREET ADDRESS 6861 ODIS YARBOROUGH ROAD  
CITY-ST-ZIP GLEN ST. MARY, FL 32040 ☐ Delete

TITLE D  
NAME CURTIS, JOHN M SR.  
STREET ADDRESS 11635 NW 1 AVE  
CITY-ST-ZIP GAINESVILLE, FL 32607 ☐ Delete

TITLE VD  
NAME ALLEN, MICHAEL  
STREET ADDRESS 7001 ODIS YARBOROUGH ROAD  
CITY-ST-ZIP GLEN ST. MARY, FL 32040 ☐ Delete

TITLE STD  
NAME LANE, JANET  
STREET ADDRESS 7107 ODIS YARBOROUGH ROAD  
CITY-ST-ZIP GLEN ST. MARY, FL 32040 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
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**SIGNATURE:**

**John M. Curtis**  
**Director**

**4-27-06**

**352-332-0838**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #