2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N98000003786

Entity Name: THE HOMEOWNERS ASSOCIATION OF CANOE CREEK ESTATES, INC.

Current Principal Place of Business:

404 LORUNA DRIVE
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

404 LORUNA DRIVE
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 59-3653926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCOY, LINDA M
404 LORUNA DR
GULF BREEZE, FL 32561 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: SDVT ( ) Delete
Name: MILLER, THOMAS
Address: 404 LORUNA DR
City-St-Zip: GULF BREEZE, FL 32561

Title: P ( ) Delete
Name: MILLER, THOMAS
Address: 404 LORUNA DR
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete
Name: MILLER, JOYCE
Address: 404 LORUNA DR
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete
Name: MCCOY, LINDA M
Address: 404 LORUNA DRIVE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: LINDA M MCCOY D 05/01/2006
Electronic Signature of Signing Officer or Director — Date