

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752792

**Entity Name:** CANARY PALM CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 30, 2018**  
**Secretary of State**  
**CC0930041907**

**Current Principal Place of Business:**

C/O ASSOCIATION MANAGEMENT SWFL  
1222 SE 47TH STREET 314  
CAPE CORAL, FL 33904

**Current Mailing Address:**

C/O ASSOCIATION MANAGEMENT SWFL  
1222 SE 47TH STREET 314  
CAPE CORAL, FL 33904 US

**FEI Number:** 59-2236170

**Certificate of Status Desired:** No

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

RAMIREZ, CARLOS  
C/O ASSOCIATION MANAGEMENT SWFL  
1222 SE 47TH STREET 314  
CAPE CORAL, FL 33904 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:** CARLOS RAMIREZ

03/30/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CASSEY , CAPTAIN  
Address C/O ASSOCIATION MANAGEMENT  
SWFL  
1222 SE 47TH STREET 314  
City-State-Zip: CAPE CORAL FL 33904

Title VPD  
Name JOHNSON, ANGELA  
Address C/O ASSOCIATION MANAGEMENT  
SWFL  
1222 SE 47TH STREET 314  
City-State-Zip: CAPE CORAL FL 33904

Title STD  
Name BETANCES, LUIS  
Address C/O ASSOCIATION MANAGEMENT  
SWFL  
1222 SE 47TH STREET 314  
City-State-Zip: CAPE CORAL FL 33904

*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:** CAPTAIN CASSEY

PRESIDENT

03/30/2018

Electronic Signature of Signing Officer/Director Detail

Date