

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770146

**Entity Name:** CANALAKE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 17, 2023**  
**Secretary of State**  
**2942204660CC**

**Current Principal Place of Business:**

C/O INFINITY COMMUNITY MANAGEMENT  
5350 10TH AVENUE N SUITE 1  
GREENACRES, FL 33463

**Current Mailing Address:**

C/O INFINITY COMMUNITY MANAGEMENT  
5350 10TH AVENUE N SUITE 1  
GREENACRES, FL 33463 US

**FEI Number:** 59-2339803

**Certificate of Status Desired:** No

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

MILBERG KLEIN, P.L.  
1200 N FEDERAL HWY  
#2050  
BOCA RATON, FL 33432 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:** DAVID Y. KLEIN, ESQ.

04/17/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MORRIS, PATRICK  
Address        C/O INFINITY COMMUNITY  
                  MANAGEMENT  
                  5350 10TH AVENUE N SUITE 1  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            JAKIMOWICZ, NICOLAS  
Address        C/O INFINITY COMMUNITY  
                  MANAGEMENT  
                  5350 10TH AVENUE N SUITE 1  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            OLIVEROS, GUILLERMO  
Address        C/O INFINITY COMMUNITY  
                  MANAGEMENT  
                  5350 10TH AVENUE N SUITE 1  
City-State-Zip: GREENACRES FL 33463

Title            SECRETARY, TREASURER  
Name            GERHARZ, BARBARA  
Address        C/O INFINITY COMMUNITY  
                  MANAGEMENT  
                  5350 10TH AVENUE N SUITE 1  
City-State-Zip: GREENACRES FL 33463

*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:** PATRICK MORRIS

**PRESIDENT**

04/17/2023

Electronic Signature of Signing Officer/Director Detail

Date