

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04766

**FILED**  
**Mar 09, 2016**  
**Secretary of State**  
**CC5231557402**

**Entity Name:** CANAL PLACE PHASE II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

445 GULF SHORE DRIVE  
DESTIN, FL 32541

**Current Mailing Address:**

P.O. BOX 640883  
KENNER, LA 70065-0883 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

SHEEKLEY, LESLIE D  
PARADISE VILLAGE/38 MIRACLE STRIP, S.W.  
SUITE 7  
FORT WALTON BEACH, FL, FL 32541 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name RAYZOR, RICK VP  
Address 2305 NW 142 AVE  
City-State-Zip: GAINESVILLE, FL 32609

Title S/T  
Name REINERTH, CHARLES  
Address 661 PETIT BERDOT  
City-State-Zip: KENNER LA 70065

Title P  
Name WINDES, EVAN  
Address 119 TANG O'MAR RD  
City-State-Zip: MIRAMAR BEACH, FL 32550

Title D  
Name JOE ROBERT, CAMPBELL  
Address 950 BAMBI DR  
City-State-Zip: DESTIN FL 32541

Title D  
Name BLOOMFIELD, CHRIS D  
Address 96 INDIGO LOOP  
City-State-Zip: DESTIN FL 32550

*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: CHARLES REINERTH**

**MGR., S/T**

**03/09/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date