

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000003989

Entity Name: CANOPY NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**C/O GUARDIAN PROPERTY MANAGEMENT
6704 LONE OAK BLVD
NAPLES, FL 34109**Current Mailing Address:**C/O GUARDIAN PROPERTY MANAGEMENT
6704 LONE OAK BLVD
NAPLES, FL 34109 US**FEI Number:** 46-4672637**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GUARDIAN PROPERTY MANAGEMENT
C/O GUARDIAN PROPERTY MANAGEMENT
6704 LONE OAK BLVD
NAPLES, FL 34109 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:** BYRON ROSS

04/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CURRAN, TIMOTHY
Address C/O GUARDIAN PROPERTY
 MANAGEMENT
 6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title VICE PRESIDENT
Name FRAUMENI, JANINE
Address C/O GUARDIAN PROPERTY
 MANAGEMENT
 6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title SECRETARY
Name BELTZ, MARCIA
Address C/O GUARDIAN PROPERTY
 MANAGEMENT
 6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title TREASURER
Name GRANT, WILLIAM
Address C/O GUARDIAN PROPERTY
 MANAGEMENT
 6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name SHOPLACK, TORREY
Address C/O GUARDIAN PROPERTY
 MANAGEMENT
 6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

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: TIMOTHY CURRAN

PRESIDENT

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date