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: CHRISTINE D. GRASS

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

MANAUSA, DANIEL E 1701 HERMITAGE BLVD, SUITE 100 TALLAHASSEE, FL 32308 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.

SIGNATL

Officer/Director Detail :

Title	MGR	Title	MGR
Name	GRASS, BENJAMIN	Name	GRASS, CHRISTINE
Address	120 N. WASHINGTON AVENUE	Address	120 N. WASHINGTON AVENUE
City-State-Zip:	MADISON FL 32340	City-State-Zip:	MADISON FL 32340

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JRE:								
								_
	Electronic Signature of Regi	stered Agent						
irocta	or Detail ·							

Secretary of State 0979096351CC

Date

FILED Feb 20, 2024

Certificate of Status Desired: No

Date

MGR

02/20/2024

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000009118

Entity Name: CANOPY PARK HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

120 N. WASHINGTON AVE MADISON, FL 32340

Current Mailing Address:

120 N. WASHINGTON AVE MADISON, FL 32340 US

FEI Number: 88-3777027