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95 APR -6 AM 6:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 742748 (7)**  
1. Corporation Name  
**CANTERBURY D CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>CANTERBURY D-91 CENTURY VILLAGE WEST PALM BEACH FL 33417</b>	Mailing Address <b>CANTERBURY D-91 CENTURY VILLAGE WEST PALM BEACH FL 33417</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/08/1978</b>	3a. Date of Last Report <b>04/22/1994</b>
4. FEI Number <b>59-1804495</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>25</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>29</b>

**9. Name and Address of Current Registered Agent**

**ROSS, IRVING  
CHATHAM E-120  
WEST PALM BEACH FL 33417**

**10. Name and Address of New Registered Agent**

<b>01</b> Name
<b>02</b> Street Address (P.O. Box Number is Not Acceptable)
<b>03</b>
<b>04</b> City
<b>05</b> Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>ROSS, IRVING</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>CANTERBURY D-94 CV</b>	CITY - ST - ZIP <b>WEST PALM BEACH FL</b>	1.2 NAME	
TITLE <b>SD</b>	NAME <b>BARRIS, CLAIRE</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>CANTERBURY D-91, CEN. VIL</b>	CITY - ST - ZIP <b>WEST PALM BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE <b>TD</b>	NAME <b>WOLFSON, RUTH</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>SECT BEA FABIAN</b>
STREET ADDRESS <b>CANTERBURY D-93 C.V.</b>	CITY - ST - ZIP <b>W. PALM BEACH FL</b>	2.2 NAME	<b>CANTERBURY D-89 C.V.</b>
TITLE <b>VP</b>	NAME <b>LAFUN, ROBERT</b>	2.3 STREET ADDRESS	<b>WPB, FL 33417</b>
STREET ADDRESS <b>CANTERBURY D-85</b>	CITY - ST - ZIP <b>W PALM BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE <b>D</b>	NAME <b>MEYERSON, NORMAN</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>BOD</b>
STREET ADDRESS <b>CANTERBURY D-88</b>	CITY - ST - ZIP <b>W PALM BEACH FL</b>	3.2 NAME	
TITLE <b>VP</b>	NAME <b>KOVEN, JANICE</b>	3.3 STREET ADDRESS	
STREET ADDRESS <b>CANTERBURY D-78</b>	CITY - ST - ZIP <b>W PALM BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE <b>VP</b>	NAME <b>MYRON BLOOM</b>	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>BOD</b>
STREET ADDRESS <b>CANTERBURY D-80</b>	CITY - ST - ZIP <b>WPB, FL 33417</b>	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	4.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Wolfson - RUTH WOLFSON 3/1/95 407-656-7770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Month/Year)