

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **742748** (7)  
1. Corporation Name  
**CANTERBURY D CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**CANTERBURY D-91 CENTURY VILLAGE WEST PALM BEACH FL 33417**  
**CANTERBURY D-91 CENTURY VILLAGE WEST PALM BEACH FL 33417**

3. Date Incorporated or Qualified **05/08/1978** 3a. Date of Last Report **04/06/1995**  
4. FEI Number **59-1804495** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **CANTERBURY D-93** 26 **93 CANTERBURY D**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **CENTURY VILLAGE** 27 **CENTURY VILLAGE**  
City & State City & State  
23 **WEST PALM BEACH, FL** 28 **WEST PALM BEACH, FL**  
Zip Country Zip Country  
24 **33417** 25 Country 29 **33417** 30 Country

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  
81 Name **LAFLIN, ROBERT**  
82 Street Address (P.O. Box Number is Not Acceptable) **85 CANTERBURY D**  
83 **WEST PALM BEACH**  
84 City **FL** 85 Zip Code **33417**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE **ROBERT F. LAFLIN** - *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature reproduced in red ink.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, IRVING	
STREET ADDRESS	CANTERBURY D-94 CV	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FABIAN, BEA	
STREET ADDRESS	CANTERBURY D-89 CIR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOLFSON, RUTH	
STREET ADDRESS	CANTERBURY D-93 C.V.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	BOD	<input type="checkbox"/> DELETE
NAME	LAFLIN, ROBERT	
STREET ADDRESS	CANTERBURY D-85	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	BOD	<input type="checkbox"/> DELETE
NAME	MEYERSON, NORMAN	
STREET ADDRESS	CANTERBURY D-88	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BLOOM, MYRON	
STREET ADDRESS	CANTERBURY D-80	
CITY-ST-ZIP	W PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	BOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDYTH BARNETT	
1.3 STREET ADDRESS	CANTERBURY D 100	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LAFLIN, ROBERT	
4.3 STREET ADDRESS	CANTERBURY D-85	
4.4 CITY-ST-ZIP	W. PALM BEACH FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(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: *[Signature]* **RUTH WOLFSON** 1/96 407-686-7770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)