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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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		Mailing Address	
CANTERBURY D-93 CENTRY VILLAGE WEST PALM BEACH FL 33417 US		93 CANTERBURY D CENTURY VILLAGE WEST PALM BEACH FL 33417 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	05/08/1978
4. FEI Number	59-1804495
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

LAFLIN, ROBERT
85 CANTERBURY D
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 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 617.0503, Florida Statutes.

SIGNATURE ROBERT LAFLIN *Robert M. Laflin* 1-13-98
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNETT, EDYTH	1.2 NAME	FABIAN SYDNEY
STREET ADDRESS	CANTERBURY D 100	1.3 STREET ADDRESS	CANTERBURY D-89
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABIAN, BEA	2.2 NAME	FABIAN BEATRICE
STREET ADDRESS	CANTERBURY D-89 CIR	2.3 STREET ADDRESS	CANTERBURY D-89
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFSON, RUTH	3.2 NAME	WOLFSON, RUTH
STREET ADDRESS	CANTERBURY D-93 C.V.	3.3 STREET ADDRESS	CANTERBURY D-93
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAFLIN, ROBERT	4.2 NAME	DAVID GREENFIELD
STREET ADDRESS	CANTERBURY D-85	4.3 STREET ADDRESS	CANTERBURY D-84
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	BOD <input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERSON, NORMAN	5.2 NAME	MEYERSON, NORMAN
STREET ADDRESS	CANTERBURY D-88	5.3 STREET ADDRESS	CANTERBURY D-88
CITY-ST-ZIP	W PALM BEACH FL	5.4 CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	VICE PRESIDENT & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, MYRON	6.2 NAME	BLOOM, MYRON
STREET ADDRESS	CANTERBURY D-80	6.3 STREET ADDRESS	CANTERBURY D-80
CITY-ST-ZIP	W PALM BEACH FL	6.4 CITY-ST-ZIP	WEST PALM BEACH, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ROBERT LAFLIN *Robert M. Laflin* 1/13/98 561-478-4861

CRE037 (10/97)