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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 742748

1. Corporation Name
CANTERBURY D CONDOMINIUM ASSOCIATION, INC.

* 1 1 5 5 4 4 3 1 *

Principal Place of Business: CANTERBURY D-93 CENTRY VILLAGE WEST PALM BEACH FL 33417 US
 Mailing Address: 93 CANTERBURY D CENTURY VILLAGE WEST PALM BEACH FL 33417 US



21	2. Principal Place of Business 93 CANTERBURY - D	2a. Mailing Address	3. Date Incorporated or Qualified 05/08/1978
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-1804495
23	City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAFLIN, ROBERT 85 CANTERBURY D WEST PALM BEACH FL 33417		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D BERKOWITZ, FRIDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNETT, EDYTH	1.2 NAME	82 CANTERBURY - D
STREET ADDRESS	CANTERBURY D 100	1.3 STREET ADDRESS	W. PALM BEACH, FL, 33417
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FABIAN, BEA	2.2 NAME	FABIAN, SYDNEY
STREET ADDRESS	CANTERBURY D 89 CIR	2.3 STREET ADDRESS	89 CANTERBURY - D
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	W. PALM BEACH, FL, 33417
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFSON, RUTH	3.2 NAME	93 CANTERBURY - D
STREET ADDRESS	CANTERBURY D 99 C.V.	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAFLIN, ROBERT	4.2 NAME	85 CANTERBURY - D
STREET ADDRESS	CANTERBURY D 85	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYERSON, NORMAN	5.2 NAME	88 CANTERBURY - D
STREET ADDRESS	CANTERBURY D 88	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOOM, MYRON	6.2 NAME	S BLOOM, FRANKIE
STREET ADDRESS	CANTERBURY D 80	6.3 STREET ADDRESS	80 CANTERBURY - D
CITY-ST-ZIP	W PALM BEACH FL	6.4 CITY-ST-ZIP	W. PALM BEACH, FL, 33417

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, with all other like empowered.

SIGNATURE: *Robert Laflin* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **1/3/99** Daytime Phone #: **561-478-4861**

CR2E037 (1/98)