

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **742748**

1. Entity Name

**CANTERBURY D CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90055 041 \*\*\*\*61.25

Principal Place of Business <b>93 CANTERBURY D CENTRY VILLAGE WEST PALM BEACH FL 33417 US</b>	Mailing Address <b>93 CANTERBURY D CENTURY VILLAGE WEST PALM BEACH FL 33417-1365 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1804495</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**LAFLIN, ROBERT  
85 CANTERBURY D  
WEST PALM BEACH FL 33417**

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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.

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	<input type="checkbox"/> Delete	NAME <b>BERKOWITZ, FREIDA</b>
STREET ADDRESS <b>82 CANTERBURY D</b>		CITY-ST-ZIP <b>WEST PALM BEACH FL 33417</b>
TITLE <b>D</b>	<input type="checkbox"/> Delete	NAME <b>FABIAN, SYDNEY</b>
STREET ADDRESS <b>89 CANTERBURY D</b>		CITY-ST-ZIP <b>WEST PALM BEACH FL 33417</b>
TITLE <b>D</b>	<input type="checkbox"/> Delete	NAME <b>WOLFSON, RUTH</b>
STREET ADDRESS <b>93 CANTERBURY D</b>		CITY-ST-ZIP <b>W. PALM BEACH FL</b>
TITLE <b>P</b>	<input type="checkbox"/> Delete	NAME <b>LAFLIN, ROBERT</b>
STREET ADDRESS <b>85 CANTERBURY D</b>		CITY-ST-ZIP <b>WEST PALM BEACH FL</b>
TITLE <b>D</b>	<input type="checkbox"/> Delete	NAME <b>MEYERSON, NORMAN</b>
STREET ADDRESS <b>88 CANTERBURY D</b>		CITY-ST-ZIP <b>W PALM BEACH FL</b>
TITLE <b>S</b>	<input type="checkbox"/> Delete	NAME <b>BLOOM, FRANKIE</b>
STREET ADDRESS <b>80 CANTERBURY D</b>		CITY-ST-ZIP <b>W PALM BEACH FL</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIRECTOR &amp; PRESIDENT</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIRECTOR + VICE PRESIDENT</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert G. Laflin **ROBERT G. LAFLIN** *2/13/00* *561-478-4861*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)