

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90009 016 ****61.25

DOCUMENT # 742748

1. Entity Name
CANTERBURY D CONDOMINIUM ASSOCIATION, INC.

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1804495 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAFJIN, ROBERT
85 CANTERBURY D
WEST PALM BEACH FL 33417

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	DIRECTOR, TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY F. LAVERK	
STREET ADDRESS	81 CANTERBURY-D	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33417	
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 type="checkbox"/> Addition
NAME		
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: *[Signature]* **SIGNATURE REQUIRED** **3/7/01** **561-478-4861**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)