

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90080 024 ****61.25

0034054

DOCUMENT # 742748

1. Entity Name

CANTERBURY D CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

93 CANTERBURY D
 CENTURY VILLAGE
 WEST PALM BEACH FL 33417
 US

93 CANTERBURY D
 CENTURY VILLAGE
 WEST PALM BEACH FL 33417
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1804495

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAFIN, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 | DT | <input type="checkbox"/> Delete |
| NAME | LAVEEK, ANTHONY F | |
| STREET ADDRESS | 81 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 | LAFIN, 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 type="checkbox"/> Addition |
| NAME | LAVEEK, ANTHONY F. | |
| STREET ADDRESS | 81 CANTERBURY - D | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33417 | |
| TITLE | FABIAN, SIDNEY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DIRECTOR, VICE PRESIDENT | <input checked="" 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 | DIRECTOR | <input checked="" 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: *Robert G. Laflin* 2/5/2 561-478-4861
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)