

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90140 015 ****61.25



DOCUMENT # 742748
1. Entity Name
CANTERBURY D CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **89 CANTERBURY DR. D
89
WEST PALM BEACH FL 33417
US**
Mailing Address: **89 CANTERBURY DR. D
89
WEST PALM BEACH FL 33417
US**

2. Principal Place of Business: Suite, Apt. #, etc.
City & State: **SEACREST SERVICES, INC.
2400 CENTRE PARK W. DRIVE
#175
WEST PALM BEACH, FL 33409**
3. Mailing Address: **WEST PALM BEACH, FL 33409**
Zip: Country



1st MOORE CR2E037 (10/04)

4. FEI Number: **59-1804495** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FABIAN, SIDNEY, R
89 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: DT <input checked="" type="checkbox"/> Delete	NAME: BURDEN, RAYMOND E STREET ADDRESS: 99 CANTERBURY DR. CITY-ST-ZIP: WEST PALM BEACH FL 33417
TITLE: PD <input type="checkbox"/> Delete	NAME: FABIAN, SIDNEY R STREET ADDRESS: 89 CANTERBURY D CITY-ST-ZIP: WEST PALM BEACH FL 33417
TITLE: D <input type="checkbox"/> Delete	NAME: BUREAU, KAY STREET ADDRESS: 99 CANTERBURY D CITY-ST-ZIP: WEST PALM BEACH FL 33417
TITLE: V <input type="checkbox"/> Delete	NAME: LUCA, ROBERT STREET ADDRESS: 98 CANTERBURY D CITY-ST-ZIP: WEST PALM BEACH FL 33417
TITLE: D <input type="checkbox"/> Delete	NAME: MEYERSON, NORMAN STREET ADDRESS: 88 CANTERBURY D CITY-ST-ZIP: WEST PALM BEACH FL 33417
TITLE: S <input type="checkbox"/> Delete	NAME: BLOOM, FRANKIE STREET ADDRESS: 80 CANTERBURY D CITY-ST-ZIP: W PALM BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: JERRY DENNISON STREET ADDRESS: 86 CANTERBURY D CITY-ST-ZIP: W.P.B 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: _____
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] **FRS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
Date: _____ Daytime Phone #: _____