


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90016 036 ****61.25

DOCUMENT # 742748			
1. Entity Name CANTERBURY D CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 89 CANTERBURY DR. 80 WEST PALM BEACH, FL 33417 US		Mailing Address SEACREST SERVICES, INC. 2400 CENTRE PARK W. DRIVE, #175 WEST PALM BEACH, FL 33409 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address CANTERBURY D	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PRIME MANAGEMENT 6300 Park of Commerce Bldg	
City & State		City & State BOCA RATON, FL	
Zip	Country	Zip	Country
33487			
4. FEI Number 59-1804495		4. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BLOOM, FRANCIS E 80 CANTERBURY D WEST PALM BEACH, FL 33417		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S BUREAU, KATHERINE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUREAU, KATHERINE	NAME	
STREET ADDRESS	99 CANTERBURY D	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	VP KEZEK, WALTER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEZEK, WALTER	NAME	
STREET ADDRESS	100 CANTERBURY D	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	T SOLTARELLA, HILDA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLTARELLA, HILDA	NAME	
STREET ADDRESS	25 CANTERBURY D	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	D KEZEK, BETTY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEZEK, BETTY	NAME	
STREET ADDRESS	100 CANTERBURY D	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	D MYRICK, GARY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRICK, GARY	NAME	
STREET ADDRESS	94 CANTERBURY D	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	P BLOOM, FRANKIE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, FRANKIE	NAME	
STREET ADDRESS	80 CANTERBURY D	STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH, FL	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Francis E. Bloom</u>		Date: <u>5/16/08</u> Daytime Phone #: <u>561-686-7312</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			