

FILED  
Jan 30, 2003 8:00 am  
Secretary of State

01-06-2003 90016 003 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 742748



1. Entity Name  
CANTERBURY D CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business  
93 CANTERBURY D  
CENTRY VILLAGE  
WEST PALM BEACH FL 33417  
US

Mailing Address  
93 CANTERBURY D  
CENTRY VILLAGE  
WEST PALM BEACH FL 33417  
US

55003721



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
89 CANTERBURY D

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
89

Suite, Apt. #, etc.  
SAME

City & State  
W. PALM BCH., FL

City & State  
SAME

4. FEI Number 59-1804495

Applied For  
Not Applicable

Zip  
33417

Country  
PALM BCH

Zip  
SAME

Country  
SAME

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

LAFLIN, ROBERT  
85 CANTERBURY D  
WEST PALM BEACH FL 33417

Name ~~SIDNEY FABIAN~~  
Street Address (P.O. Box Number is Not Acceptable)  
89 CANTERBURY D  
City WEST PALM BCH., FL Zip Code 33417

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.

SIDNEY R. FABIAN PRES.

SIGNATURE *Sidney R. Fabian*  
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT	DT	<input checked="" type="checkbox"/> Delete
NAME LAVECK, ANTHONY F		
STREET ADDRESS 81 CANTERBURY-D		
CITY-ST-ZIP WEST PALM BEACH FL 33417		
TITLE D	D	<input type="checkbox"/> Delete
NAME FABIAN, SIDNEY		
STREET ADDRESS 89 CANTERBURY D		
CITY-ST-ZIP WEST PALM BEACH FL 33417		
TITLE DVP	DVP	<input checked="" type="checkbox"/> Delete
NAME WOLFSON, RUTH		
STREET ADDRESS 93 CANTERBURY D		
CITY-ST-ZIP W. PALM BEACH FL		
TITLE DP	DP	<input checked="" type="checkbox"/> Delete
NAME LAFLIN, ROBERT		
STREET ADDRESS 85 CANTERBURY D		
CITY-ST-ZIP WEST PALM BEACH FL		
TITLE D	D	<input type="checkbox"/> Delete
NAME MEYERSON, NORMAN		
STREET ADDRESS 88 CANTERBURY D		
CITY-ST-ZIP W PALM BEACH FL		
TITLE S	S	<input type="checkbox"/> Delete
NAME BLOOM, FRANKIE		
STREET ADDRESS 80 CANTERBURY D		
CITY-ST-ZIP W PALM BEACH FL		

TITLE D	D	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RAYMOND E. BUREAU			
STREET ADDRESS 99 CANTERBURY D			
CITY-ST-ZIP W. PALM BCH., FL 33417			
TITLE D	D	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIDNEY R. FABIAN			
STREET ADDRESS 89 CANTERBURY D			
CITY-ST-ZIP W.P.B FL 33417			
TITLE D	D	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KAY W. BUREAU			
STREET ADDRESS 99 CANTERBURY D			
CITY-ST-ZIP W. PALM BCH., FL 33417			
TITLE D	D	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NORMAN MEYERSON			
STREET ADDRESS 88 CANTERBURY D			
CITY-ST-ZIP W. PALM BCH., FL			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sidney R. Fabian* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03 683-4815

Date

Daytime Phone #

CR2E037 (10/02)