

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90012 048 ****61.25

DOCUMENT # 742750

1. Entity Name

CANTERBURY G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**CANTERBURY G159
 CENTURY VILLAGE
 WEST PALM BEACH FL 33417
 US**

**CANTERBURY G159
 CENTURY VILLAGE
 WEST PALM BEACH FL 33417-1370
 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

59-1655323

Applied For

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

**SIDNER, IRVING
 CATERBURY G159
 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 **VD** ☐ Delete
 NAME **SPANDORF, PHIL**
 STREET ADDRESS **CANTERBURY G-165**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **SIDNER, IRVING**
 STREET ADDRESS **CANTERBURY G-159, CEN. VIL**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **KRAVITZ, HELEN**
 STREET ADDRESS **CANTERBURY G168**
 CITY-ST-ZIP **W PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **SPANDORF, TERRY**
 STREET ADDRESS **CANTERBURY G-165**
 CITY-ST-ZIP **W PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **ZWICKEL, ABNER**
 STREET ADDRESS **CANTERBURY G153**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☒ Change ☐ Addition
 NAME **VID. ABNER ZWICKEL**
 STREET ADDRESS **CANTERBURY G153**
 CITY-ST-ZIP **W. PALM BEACH FL. 33417**

TITLE **P.D** ☐ Delete
 NAME **KAREN AISENBERG**
 STREET ADDRESS **CANTERBURY G15H**
 CITY-ST-ZIP **W. PALM BEACH FL. 33417**

TITLE ☐ Change ☐ 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 REQUIRED

TREASURER

JAN. 02 684-2361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)