

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006660

1. Entity Name
CANTERBURY WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**8101 WESTBOURNE DRIVE
 PENSACOLA, FL 32506**

Mailing Address
**8101 WESTBOURNE DRIVE
 PENSACOLA, FL 32506**



01252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3737133 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JANSSEN, SHANNON
 8101 WESTBOURNE DRIVE
 PENSACOLA, FL 32506**

**DO NOT WRITE
 IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE: **D**
 NAME: **JANSSEN, SHANNON**
 STREET ADDRESS: **8101 WESTBOURNE DRIVE**
 CITY-ST- ZIP: **PENSACOLA, FL 32506**

TITLE: **D**
 NAME: **RILEY, BRIAN**
 STREET ADDRESS: **221 CAMELFORD PL**
 CITY-ST- ZIP: **PENSACOLA, FL 32506**

TITLE: **D**
 NAME: **RIDDELL, ARDIS**
 STREET ADDRESS: **8164 CAMELFORD DRIVE**
 CITY-ST- ZIP: **PENSACOLA, FL 32506**

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST- ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST- ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST- ZIP: _____

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 02/02/05-80125-015 61.25

**DO NOT WRITE
 IN THIS SPACE**

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: *Shannon Janssen* **SHANNON JANSSEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05
 Date

850-453-9987
 Daytime Phone #