


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000006660
 1. Entity Name
 CANTERBURY WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 8101 WESTBOURNE DRIVE 8101 WESTBOURNE DRIVE
 PENSACOLA, FL 32506 PENSACOLA, FL 32506

DO NOT WRITE IN THIS SPACE



04172007 No Chg-NP CR2E037 (4/06)

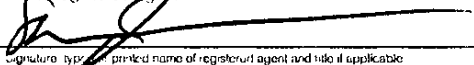
4. FEI Number Applied For
 59-3737133 Not Applicable

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

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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 obligation of, registered agent.

SIGNATURE:  4/17/07
Signature type: 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, 2007

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

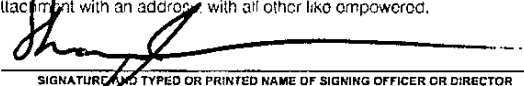
10. OFFICERS AND DIRECTORS

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	

U00000715262
 04/27/07-80057-002 61.25

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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:  4/17/07 850 432-3343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #