

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90035 045 ****61.25

DOCUMENT # N02000002821			
1. Entity Name CANTERBURY OF SATELLITE BEACH HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2060 HWY A1A, STE 308 INDIAN HARBOR BCH, FL 32937		Mailing Address 2060 HWY A1A, STE 308 INDIAN HARBOR BCH, FL 32937	
2. Principal Place of Business 321 Prince William CT Suite, Apt. #, etc.		3. Mailing Address 321 Prince William CT Suite, Apt. #, etc.	
City & State Satellite Beach FL		City & State Satellite Beach FL	
Zip 32937-3000		Zip 32937-3000	
Country USA		Country USA	
4. FEI Number 59-3760825		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEALY, PATRICK F ESQ 1800 W HIBISCUS BLVD SUITE 138 MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name <u>John Durkin, President</u> Street Address (P.O. Box Number is Not Acceptable) <u>321 Prince William CT</u> City <u>Satellite Beach</u> FL <u>32937</u>	
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 <u>John J Durkin</u> <u>John Durkin, President</u> <u>4/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	DP FLEIS, EDWARD M 404 PENTLAND DR MELBOURNE BCH, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP John Durkin 321 Prince William CT Satellite Beach FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLIES, JEFFREY E 2060 HIGHWAY A1A, SUITE 309 INDIAN HARBOUR BEACH, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Bonnie O'Connor 321 Prince William CT Satellite Beach FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGHTMAN, MARY 271 PRINCE WILLIAM CT SATELLITE BCH, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Nancy Ulrich 321 Prince William CT Satellite Beach FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>John J Durkin</u> <u>John Durkin, Pres</u> <u>4-20-04</u> <u>773-9882</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			