2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000002821

FILED Jun 24, 2003 Secretary of State

Entity Name: CANTERBURY OF SATELLITE BEACH HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2060 HWY A1A, STE 308 INDIAN HARBOR BCH, FL 32937 **Current Mailing Address: New Mailing Address:** 2060 HWY A1A, STE 308 INDIAN HARBÓR BCH, FL 32937 FEI Number: 59-3760825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLEIS, EDWARD M HEALY, PATRICK F ESQ 1800 W HISBISCUS BLVD 2060 HWY A1A, STE 308 INDIAN HARBOR BCH, FL 32937 SUITE 138 MELBOURNE, FL 32901 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: PATRICK F HEALY 06/24/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FLEIS, EDWARD M Name: Name: 404 PENTLAND DR Address: Address: City-St-Zip: MELBOURNE BCH, FL 32937 City-St-Zip: Title: DVST () Delete Title: (X) Change () Addition Name: ISENHOUR, JEROME M Name: FLIES, JEFFREY E Address: 9085 S HWY A1A Address: 2060 HIGHWAY A1A, SUITE 309 MELBOURNE BCH, FL 32951 City-St-Zip: City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 Title: () Delete Title: () Change () Addition WIGHTMAN, MARY Name: Name: 271 PRINCE WILLIAM CT Address: Address: City-St-Zip: SATELLITE BCH, FL 32937 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD M FLEIS DP 06/24/2003