


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90183 036 ****61.25

DOCUMENT # N04000007219

1. Entity Name
CANTERWOOD OF POLK COUNTY HOMEOWNERS ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business 5900 IMPERIAL BLVD MULBERRY, FL 33860 | Mailing Address 5900 IMPERIAL BLVD MULBERRY, FL 33860 |
|---|---|

14004215



| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

04042005 Chg-NP CR2E037 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 20-2353939 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HARPER, ROBERT F IV
 5900 IMPERIAL BLVD
 MULBERRY, FL 33860

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HARPER, ROBERT F IV | |
| STREET ADDRESS | PO BOX 7595 | |
| CITY-ST-ZIP | LAKELAND, FL 338027595 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SPRINGER, ROBERT D | |
| STREET ADDRESS | 5425 MARINA COVE | |
| CITY-ST-ZIP | LAKELAND, FL 33813 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WALL, H. LEE | |
| STREET ADDRESS | 225 EAST LEMON STREET STE 205 | |
| CITY-ST-ZIP | LAKELAND, FL 33801 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: 4/25/05 DAYTIME PHONE: 863 609 9500