
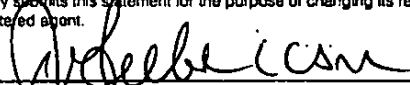
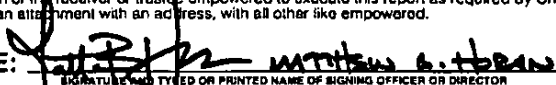


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90121 023 \*\*\*\*61.25

<b>DOCUMENT # N0500000206</b>			
1. Entity Name <b>CANTERBURY PLACE HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>8198 JOG ROAD, SUITE 200 BOYNTON BEACH, FL 33437</b>		Mailing Address <b>8198 JOG ROAD., SUITE 200 BOYNTON BEACH, FL 33437</b>	
2. Principal Place of Business <b>3900 Woodlake Blvd</b>		3. Mailing Address <b>3900 Woodlake Blvd</b>	
Suite, Apt. #, etc. <b>309</b>		Suite, Apt. #, etc. <b>309</b>	
City & State <b>Lake Worth, FL</b>		City & State <b>Lake Worth, FL</b>	
Zip <b>33463</b>	Country	Zip <b>33463</b>	Country
6. Name and Address of Current Registered Agent <b>CENTEX HOMES 8198 JOG ROAD., SUITE 200 BOYNTON BEACH, FL 33437</b>		4. FEI Number <b>20-2847219</b>	
		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		7. Name and Address of New Registered Agent	
		Name <b>GRS Management</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>c/o Joe Gilbert</b>	
		<b>3900 Woodlake Blvd Ste. 309</b>	
		City <b>Lake Worth</b> FL Zip Code <b>33463</b>	
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 \$81.25 Due by May 1, 2005		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	D BORKENHAGEN, KEVIN 8198 JOG ROAD., SUITE 200 BOYNTON BEACH, FL 33437 <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	D HORAN, MATTHEW 8198 JOG ROAD., SUITE 200 BOYNTON BEACH, FL 33437 <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	D REYNOLDS, MICHAEL 8198 JOG ROAD., SUITE 200 BOYNTON BEACH, FL 33437 <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
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: 		Date: <b>2/11/05</b> Daytime Phone #: <b>561-536-1191</b>	
Signature, typed or printed name of signing officer or director		Date	

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02082005 Chg-NP CR2E037 (10/03)