

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N19456 (5)

1. Corporation Name

CANTERBURY OWNERSHIP ASSOCIATION, INC.



Principal Place of Business 3728 N. MAIN STREET GAINESVILLE FL 32609	Mailing Address 14110 NW 21ST LN GAINESVILLE FL 32606 US
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3. Date Incorporated or Qualified 02/27/1987	3a. Date of Last Report 02/15/1995
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 13803 NW 21 LANE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 GAINESVILLE, FL
Zip 24	Country 25
Country 25	Zip 29 32606
Country 25	Country 30 USA

9. Name and Address of Current Registered Agent

**GUYER, ROBERT L.
13714 NW 21ST L
GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent

81 Name CHAU, KHE V.
82 Street Address (P.O. Box Number is Not Acceptable) 13803 NW 21 LANE
83
84 City GAINESVILLE, FL
85 Zip Code 32606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Khe V. Chau* **KHE V. CHAU** DATE: **6/9/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUCKEY, JOHN	
STREET ADDRESS	13909 NW 21 LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WEITZEL, SUZANNE	
STREET ADDRESS	14110 NW 21ST LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GUYER, ROBERT L.	
STREET ADDRESS	4902 N.W. 41ST STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHAU, KHE V.	
1.3 STREET ADDRESS	13803 NW 21 Lane	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32606	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOOLITTLE, DONNA	
2.3 STREET ADDRESS	3722 NW 20 PLACE	
2.4 CITY-ST-ZIP	GAINESVILLE, FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GUYER, ROBERT L.	
3.3 STREET ADDRESS	13714 NW 21 LANE	
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32606	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Khe V. Chau* **KHE V. CHAU** DATE: **6/9/96** DAYTIME PHONE #: **352 392 7738**

CR2E037 (3/96)