

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **119456**  
 1. Entity Name  
**Canterbury Ownership Association, Inc.**

FILED

02 MAY -8 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**13926 NW 21 Lane**  
 Suite, Apt. #, etc.

3. Mailing Address  
**13926 NW 21 Lane**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Gainesville FL**

City & State  
**Gainesville**

4. FEI Number  
**593231785**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Zip **32606** Country **USA** Zip **FL** Country **32606**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Laura K. Guyer**

Street Address (P.O. Box Number is Not Acceptable)  
**13714 NW 21 Lane**

City **Gainesville** FL Zip Code **32606**

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.

SIGNATURE **Laura K. Guyer** **Laura K. Guyer** **03-14-02**  
Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President / Director Khe V Chau 13803 NW 21 Lane Gainesville, FL 32606</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800005574898--4 -05/20/02--01063--021 ****122.50 ****122.50</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer / Director Miryam Fontalvo-Montoya 13926 NW 21 Lane Gainesville, FL 32606</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Judy Erickson 13808 NW 21 Lane Gainesville, FL 32606</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Judy Erickson** **3/20/2002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #