


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90184 014 ****61.25

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|--|--|--|--|
| DOCUMENT # N19456 1. Entity Name CANTERBURY OWNERSHIP ASSOCIATION, INC. | |  | |
| Principal Place of Business 13926 NW 21 LANE GAINESVILLE, FL 32606 US | | Mailing Address 14100 NW 21 LANE GAINESVILLE, FL 32606 | |
| 2. Principal Place of Business 13803 NW 21 Lane Suite, Apt. #, etc. | | 3. Mailing Address 14201 NW 21 LANE Suite, Apt. #, etc. | |
| City & State GAINESVILLE, FL 32606 | | City & State GAINESVILLE, FL 32606 | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent GUYER, LAURA K 13714 NW 21 LANE GAINESVILLE, FL 32606 | | 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 <u>Laura K. Guyer</u> Signature, typed or printed name of registered agent and title if applicable. | | DATE <u>05-03-06</u> DATE | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 PD NAME Erickson, Robert STREET ADDRESS 13803 NW 21 LANE CITY-ST-ZIP GAINESVILLE, FL 32606 | <input checked="" type="checkbox"/> Delete | TITLE PD NAME CHAU, KHE STREET ADDRESS 13803 NW 21 LANE CITY-ST-ZIP GAINESVILLE, FL 32606 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE TD NAME Chau, Bic STREET ADDRESS 13803 NW 21 ST LN CITY-ST-ZIP GAINESVILLE, FL 32606 | <input checked="" type="checkbox"/> Delete | TITLE TD NAME Laura Guyer STREET ADDRESS 13714 NW 21 Lane CITY-ST-ZIP Gainesville, FL 32606 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE STD NAME GUYER, LAURA STREET ADDRESS 13714 NW 21 ST LN CITY-ST-ZIP GAINESVILLE, FL 32606 | <input type="checkbox"/> Delete | TITLE STD NAME Mabel Whyte STREET ADDRESS 5321 NW 78 Lane CITY-ST-ZIP Gainesville, FL 32653 | <input type="checkbox"/> Change <input checked="" 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 exemptions contained in Chapter 119, 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DATE <u>3/16/06</u> (352) Daytime Phone # <u>3223765</u> | |