


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90018 015 ****61.25

DOCUMENT # N19456
 1. Entity Name
CANTERBURY OWNERSHIP ASSOCIATION, INC.



Principal Place of Business Mailing Address
13803 NW 21ST LN **14201 NW 21ST LN**
GAINESVILLE FL 32606 **GAINESVILLE FL 32606**
US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3231785** Applied For
 Not Applicable

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

1st MOORE CR2E037 (10/06)



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 *Management Specialists*
 Street Address (P.O. Box Number is Not Acceptable) *4400 NW 36th Ave.*
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *[Signature]* DATE *3-28-07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ERICKSON, ROBERT 13926 NW 21 LANE GAINESVILLE FL 32606 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHAU, BIC 13803 NW 21ST LN GAINESVILLE FL 32606 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUYER, LAURA 13714 NW 21ST LN GAINESVILLE FL 32606 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAU, KHE 13803 NW 21ST LN GAINESVILLE FL 32606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUYER, LAURA 13714 NW 21ST LN GAINESVILLE FL 32606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHYTE, MABEL 5321 NW 78TH LN GAINESVILLE FL 32653 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Whyte, Don <input checked="" 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 Section 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: *Laura K. Goyer* DATE: *3-28-07* DAYPHONE: *352-332-0523*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #