

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAY -1 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N29220** (3)  
1. Corporation Name  
**CANTERBURY VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
C/O NEWELL PROPERTY MANAGEMENT  
4100 CORPORATE SQUARE #166  
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/09/1988** 3a. Date of Last Report **04/12/1994**

4. FEI Number **65-0089635** Applied For  Net Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**NEWELL, WILLIAM**  
**4100 CORPORATE SQUARE #166**  
**NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<del>D</del>
NAME	<del>SCRIVENS, BRUCE</del>
STREET ADDRESS	<del>CANTERBURY VILLAGE #R201</del>
CITY - ST - ZIP	<del>NAPLES FL</del>
TITLE	PO
NAME	SIMARD, GEORGE
STREET ADDRESS	1462 CHURCHILL CIRCLE #T204
CITY - ST - ZIP	NAPLES FL
TITLE	DT
NAME	AHERN, MARY
STREET ADDRESS	1476 CHURCHILL CIRCLE #J204
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	REGNIER, GENE
STREET ADDRESS	CANTERBURY VILLAGE #T202
CITY - ST - ZIP	NAPLES FL 33999
TITLE	VD
NAME	CHURCH, DOMINICK
STREET ADDRESS	1420 CHURCHILL CIRCLE #Q201
CITY - ST - ZIP	NAPLES FL
TITLE	SD
NAME	SCHLEGEL, MAUREEN
STREET ADDRESS	1338 CHURCHILL CIRCLE #K101
CITY - ST - ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Declair, Max</b>
13 STREET ADDRESS	<b>1304 Churchill Cir #M103</b>
14 CITY - ST - ZIP	<b>Naples FL 33999</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>D</b>
23 STREET ADDRESS	<b>Wyse, Leon</b>
24 CITY - ST - ZIP	<b>1330 Derbyshire Cir</b>
31 TITLE	<input type="checkbox"/> Addition
32 NAME	<b>#E102</b>
33 STREET ADDRESS	<b>Naples FL 33999</b>
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Addition
42 NAME	<b>Churco, Dominick</b>
43 STREET ADDRESS	<b>1420 Churchill Cir #Q201</b>
44 CITY - ST - ZIP	<b>Naples FL 33999</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>907 5123</b>
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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: \_\_\_\_\_ DATE: **3/22** **83KAB-4884**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR