

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
4148A CORPORATE SQ  
NAPLES FL 34104  
US

3. Date Incorporated or Qualified  
11/09/1988

4. FEI Number  
65-0089635

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

NEWELL, WILLIAM  
4148A CORPORATE SQ  
NAPLES FL 34104

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<del>D</del>	<input type="checkbox"/> DELETE
NAME	<del>HARRIS, JOHN</del>	
STREET ADDRESS	<del>1916 DERBYSHIRE CT #B103</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	<del>VD</del>	<input type="checkbox"/> DELETE
NAME	<del>PRASSO, MIKE</del>	
STREET ADDRESS	<del>1350 CHURCHILL CIR L202</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	<del>D</del>	<input type="checkbox"/> DELETE
NAME	<del>AHERN, MARY</del>	
STREET ADDRESS	<del>1476 CHURCHILL CIR G204</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHIURIO, DOMINICK	
STREET ADDRESS	1420 CHURCHILL CIR 0201	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REGNIER, LEONA	
STREET ADDRESS	1482 CHURCHILL CIR T202	
CITY-ST-ZIP	NAPLES FL	
TITLE	<del>DS</del>	<input type="checkbox"/> DELETE
NAME	<del>SCRIVENS, BRUCE</del>	
STREET ADDRESS	<del>1336 CHURCHILL CIR #K201</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Prasso, Mike
2.3 STREET ADDRESS	1350 Churchill Circle #L202
2.4 CITY-ST-ZIP	Naples FL 34116
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ahern, Mary
3.3 STREET ADDRESS	1476 Churchill Circle #J204
3.4 CITY-ST-ZIP	Naples FL 34116
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Scrivens, Bruce
6.3 STREET ADDRESS	1336 Churchill Circle #K201
6.4 CITY-ST-ZIP	Naples FL 34116

14. 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 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: Leona J. Regnier 4/6/98 Date  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0061219

CP2E037 (10/97)