

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90203 015 \*\*\*\*61.25

**DOCUMENT # N29220**

1. Entity Name

**CANTERBURY VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O NEWELL PROPERTY MANAGEMENT  
 4148A CORPORATE SQ  
 NAPLES FL 34104  
 US

C/O NEWELL PROPERTY MANAGEMENT  
 4148A CORPORATE SQ  
 NAPLES FL 34104  
 US

**977237**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0089635**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWELL, WILLIAM**  
**4148A CORPORATE SQ**  
**NAPLES FL 34104**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>PRASSO, MIKE</del>	
STREET ADDRESS	<del>1350 CHURCHILL CIR L202</del>	
CITY-ST-ZIP	<del>NAPLES FL 34116</del>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AHERN, MARY	
STREET ADDRESS	1476 CHURCHILL CIR G204	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHIURCO, DOMINICK	
STREET ADDRESS	1420 CHURCHILL CIRCLE, #Q201	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRIS, JOHN	
STREET ADDRESS	1316 DERBYSHIRE COURT, #B-103	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>SCRIVENS, BRUCE</del>	
STREET ADDRESS	<del>1336 CHURCHILL CIR #K201</del>	
CITY-ST-ZIP	<del>NAPLES FL 34116</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORRELL, RALPH	
STREET ADDRESS	1406 CHURCHILL CIRCLE, #P-104	
CITY-ST-ZIP	NAPLES FL 34116	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas, Donald	
STREET ADDRESS	1350 Churchill Circle #L101	
CITY-ST-ZIP	Naples FL 34116	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Akel, George	
STREET ADDRESS	1330 Derbyshire Ct #E202	
CITY-ST-ZIP	Naples FL 34116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

4/24/01

941 643 4884

CR2E037 (10/00)