


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N94000004444 (5)
1. Corporation Name
CANTERBURY VILLAGE HOMEOWNERS ASSOCIATION, INC.



| | |
|---|--|
| Principal Place of Business 311 PARK PLACE BLVD CLEARWATER FL 34619 | Mailing Address % DELIS PROPERTY MGMT SVCS 1127 MAIN ST DUNEDIN FL 34698-5330 US |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/12/1994 | 3a. Date of Last Report 03/29/1996 |
|--|--|

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|---|--|--|---|
| 21. Principal Place of Business CARLSON PROPERTY MGMT | 2a. Mailing Address CARLSON PROPERTY MGMT | 4. FEI Number 59-3286056 | Applied For <input type="checkbox"/> Not Applicable |
| 22. City & State 1127 Main Street DUNEDIN FL | 27. City & State 1127 Main Street DUNEDIN FL | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24. Zip 34698 | 25. Country Pinellas | 29. Zip 34698 | 30. Country Pinellas |

| |
|--|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|

9. Name and Address of Current Registered Agent
**ZSCHAU, JULIUS J
JOHNSON BLAKELY POPE BOKOR RUPPEL & BURNS
911 CHESTNUT ST
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---|
| TITLE | DP <input type="checkbox"/> DELETE |
| NAME | SIKORSKI, FRED |
| STREET ADDRESS | 311 PARK PLACE BLVD SUITE 600 |
| CITY - ST - ZIP | CLEARWATER FL 34619 |
| TITLE | DV <input checked="" type="checkbox"/> DELETE |
| NAME | MILLER, FRANCINE |
| STREET ADDRESS | 311 PARK PLACE BLVD SUITE 600 |
| CITY - ST - ZIP | CLEARWATER FL 34619 |
| TITLE | DST <input checked="" type="checkbox"/> DELETE |
| NAME | BENNETT, STEPHEN M |
| STREET ADDRESS | 311 PARK PLACE BLVD SUITE 600 |
| CITY - ST - ZIP | CLEARWATER FL 34619 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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 | STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | HENMAN LYONNE |
| 2.3 STREET ADDRESS | 311 PARK PLACE BLVD SUITE #600 |
| 2.4 CITY - ST - ZIP | CLEARWATER FL 34619 |
| 3.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | FULTON WINKI |
| 3.3 STREET ADDRESS | 16011 ROYAL ABERDEEN PLACE |
| 3.4 CITY - ST - ZIP | ODESSA FL 33556 |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do 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: **SIKORSKI, FRED** *[Signature]* Date: **2/21/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0069468**

CR2E037 (9/96)