

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000004444 (5)**  
1. Corporation Name  
**CANTERBURY VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>311 PARK PLACE BLVD CLEARWATER FL 34619</b>	Mailing Address <b>% DELIS PROPERTY MGMT SVCS 1127 MAIN ST DUNEDIN FL 34698-5330 US</b>
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3. Date Incorporated or Qualified <b>09/12/1994</b>	3a. Date of Last Report <b>03/29/1996</b>
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21. Principal Place of Business <b>CARLSON PROPERTY MGMT</b>	2a. Mailing Address <b>CARLSON PROPERTY MGMT</b>	4. FEI Number <b>59-3286056</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State <b>1127 Main Street DUNEDIN FL</b>	27. City & State <b>1127 Main Street DUNEDIN FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24. Zip <b>34698</b>	25. Country <b>Pinellas</b>	29. Zip <b>34698</b>	30. Country <b>Pinellas</b>

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

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	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>SIKORSKI, FRED</b>	
STREET ADDRESS	<b>311 PARK PLACE BLVD SUITE 600</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34619</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, FRANCINE</b>	
STREET ADDRESS	<b>311 PARK PLACE BLVD SUITE 600</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34619</b>	
TITLE	<b>DST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BENNETT, STEPHEN M</b>	
STREET ADDRESS	<b>311 PARK PLACE BLVD SUITE 600</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34619</b>	
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	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>HENMAN LYONNE</b>
2.3 STREET ADDRESS	<b>311 PARK PLACE BLVD SUITE #600</b>
2.4 CITY-ST-ZIP	<b>CLEARWATER FL 34619</b>
3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>FULTON, LENKI</b>
3.3 STREET ADDRESS	<b>16011 ROYAL ABERDEEN PLACE</b>
3.4 CITY-ST-ZIP	<b>ODESSA FL 33556</b>
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)