


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90195 018 ****61.25

0077412

NONPROFIT CORPORATION ANNUAL REPORT 1999



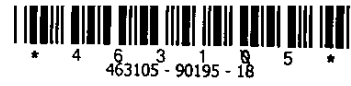
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004444

1. Corporation Name
CANTERBURY VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: CARLSON PROP MGMT, 1127 MAIN ST, DUNEDIN FL 34698, US

Mailing Address: CARLSON PROP MGT, 1127 MAIN ST, DUNEDIN FL 34698, US



2. Principal Place of Business: 21 2595 Tampa Road, Suite H, Palm Harbor Fl, 34684, USA

2a. Mailing Address: 26 2595 Tampa Road, Suite H, Palm Harbor Fl, 34684, USA

3. Date Incorporated or Qualified: 09/12/1994

4. FEI Number: 59-3286056

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

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

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, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP Sellinger, John <input checked="" type="checkbox"/> DELETE
NAME	SIKORSKI, FRED
STREET ADDRESS	311 PARK PLACE BLVD SUITE 600
CITY-ST-ZIP	CLEARWATER FL 34619
TITLE	STD HERMAN, LONNIE <input type="checkbox"/> DELETE
NAME	HERMAN, LONNIE
STREET ADDRESS	311 PARK PLACE BLVD SUITE 600
CITY-ST-ZIP	CLEARWATER FL
TITLE	D GERNER, KEVIN <input type="checkbox"/> DELETE
NAME	GERNER, KEVIN
STREET ADDRESS	16107 WENTWORTH WAY
CITY-ST-ZIP	ODESSA FL 33556
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	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sellinger, John
1.3 STREET ADDRESS	311 Park Place Blvd. Ste 600
1.4 CITY-ST-ZIP	Clearwater, FL, 34619 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED

4/20/99 (727) 296-0950

CR2E037 (1/98)