

2001 UNIFORM BUSINESS REPORT (UBR)

3/26

FILED
Jul 12, 2001 8:00 am
Secretary of State

03-26-2001 90154 014 ****61.25

DOCUMENT # N94000004444

1. Entity Name

CANTERBURY VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2505 TAMPA RD
 STE H
 PALM HARBOR FL 34684
 US

Mailing Address

2505 TAMPA RD
 STE H
 PALM HARBOR FL 34684
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3286056**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZSCHAU, JULIUS J
 JOHNSON BLAKELY POPE BOKOR RUPPEL & BURNS
 911 CHESTNUT ST
 CLEARWATER FL 34618

Name: **THE PROPERTY GROUP OF CENTRAL-FLORIDA INC**
 Street Address (P.O. Box Number is Not Acceptable): **2595 TAMPA RD., SUITE H**
 City: **PALM HARBOR** FL Zip Code: **34684**

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: *Patricia George, President* Date: *May 15, 2001*

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	DP	<input checked="" type="checkbox"/> Delete
NAME	SELLINGER, JOHN	
STREET ADDRESS	311 PARK PLACE BLVD SUITE 600	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	FLOYD, LARRY	
STREET ADDRESS	311 PARK PLACE BLVD SUITE 600	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<input checked="" 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		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES LEVEL	
STREET ADDRESS	13251 ROYAL GEORGE AVE.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNIFER STAFFORD	
STREET ADDRESS	13039 ROYAL GEORGE AVE.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA GEORGE	
STREET ADDRESS	13025 ROYAL GEORGE AVE.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH MCKENNA	
STREET ADDRESS	13051 ROYAL GEORGE AVE.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD HEADLEY	
STREET ADDRESS	12836 ROYAL GEORGE AVE.	
CITY-ST-ZIP	ODESSA FL 33556	
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 files empowered.

SIGNATURE: *Patricia George, Secretary* Date: *5/10/01* *813-926-3201*

CR20017 (10/00)