

2002 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-13-2002 90090 038 ****61.25

DOCUMENT # N94000004444

1. Entity Name

CANTERBURY VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2595 TAMPA RD
 STE H
 PALM HARBOR FL 34684
 US

2595 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

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 **LEIGH SLEMENT**
 Street Address (P.O. Box Number is Not Acceptable)
THE PROPERTY GROUP OF CENTRAL FL INC
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

Leigh Slement

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

(NOTE: Registered Agent signature required when reinstating)

02/25/02

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

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	8 P D	<input type="checkbox"/> Delete
NAME	GEORGE, PATRICIA	
STREET ADDRESS	13025 ROYAL GEORGE AVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEVELL, JAMES	
STREET ADDRESS	13039 ROYAL GEORGE AVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STAFFORD, JENNIFER	
STREET ADDRESS	13039 ROYAL GEORGE AVE	
CITY-ST-ZIP	ODESSA FL 33556	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Schraer	
STREET ADDRESS	16008 Preston Trail Way	
CITY-ST-ZIP	Odessa, FL 33556	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shari Schobert	
STREET ADDRESS	13217 Royal George Ave.	
CITY-ST-ZIP	Odessa, FL 33556	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Keller	
STREET ADDRESS	15415 Sir Maxwell Ct.	
CITY-ST-ZIP	Odessa, FL 33556	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH MCKENNA	
STREET ADDRESS	13031 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)(f), 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:

Pattinauge **REQUIREMENT** President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02

DATE

727-793-6043

DAYTIME PHONE #

CR2E037 (9/01)