

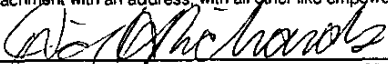


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90125 026 ****61.25

DOCUMENT # N94000004444			
1. Entity Name CANTERBURY VILLAGE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O Greenacre Properties 4131 Gunn Highway Tampa, FL 33618		Mailing Address C/O Greenacre Properties 4131 Gunn Highway Tampa, FL 33618	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3286056		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLEMENT, LEIGH THE PROPERTY GROUP OF CENTRAL FL INC 2595 TAMPA RD SUITE H PALM HARBOR, FL 34684		7. Name and Address of New Registered Agent Name: Meirose & Friscia, P.A. Street: Attn: Francis E. Friscia, Esq. 500 N. Westshore Blvd, Suite 830, Tampa, FL 33609 City: _____ Code: _____	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 3/17/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DS NAME: DEWOLFE, CAROL STREET ADDRESS: 2595 TAMPA ROAD, SUITE H CITY-ST-ZIP: PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	TITLE: SD NAME: DeWolfe, Carol STREET ADDRESS: 12946 Royal George Avenue CITY-ST-ZIP: Odessa, FL 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DV NAME: SCHOBERT, SHERI STREET ADDRESS: 2595 TAMPA ROAD, SUITE H CITY-ST-ZIP: PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete	TITLE: VD NAME: Ferraro, Heidi STREET ADDRESS: 12816 Royal George Avenue CITY-ST-ZIP: Odessa, FL 33556	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DP NAME: KELLER, TOM STREET ADDRESS: 2595 TAMPA ROAD, SUITE H CITY-ST-ZIP: PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Richards, Dick STREET ADDRESS: 13145 Royal George Avenue CITY-ST-ZIP: Odessa, FL 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: RICHARDS, DICK STREET ADDRESS: 2595 TAMPA ROAD, SUITE H CITY-ST-ZIP: PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	TITLE: TD NAME: Harrison, John STREET ADDRESS: 16040 Shinnecock Drive CITY-ST-ZIP: Odessa, FL 33556	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.			
SIGNATURE: 		DATE: April 1, 2005 (727) 39-5939	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	