


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90048 004 ****61.25

DOCUMENT # N94000004444							
1. Entity Name CANTERBURY VILLAGE HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business C/O GREEN ACRES PROPERTIES 4131 GUNN HIGHWAY TAMPA, FL 33618 US		Mailing Address C/O GREEN ACRES PROPERTIES 4131 GUNN HIGHWAY TAMPA, FL 33618 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 <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MEIROSE & FRISCIA, P.A. ATTN: FRANCIS E. FRISCIA, ESQ. 500 N. WESTSHORE BLVD, SUITE 830 TAMPA, FL 33609			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DEWOLFE, CAROL		NAME				
STREET ADDRESS	12846 ROYAL GEORGE AVENUE		STREET ADDRESS				
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP				
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FERRARO, HEIDI		NAME	Jeff Myers			
STREET ADDRESS	12816 ROYAL GEORGE AVENUE		STREET ADDRESS	2928 Royal George Ave			
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	Odessa, Fl 33556			
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RICHARDS, DICK		NAME				
STREET ADDRESS	13145 ROYAL GEORGE AVENUE		STREET ADDRESS				
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RICHARDS, DICK		NAME				
STREET ADDRESS	2605 TAMPA ROAD, SUITE H		STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HARRISON, JOHN		NAME				
STREET ADDRESS	16040 SHINNECOCK DRIVE		STREET ADDRESS				
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	Tim Gannon			
STREET ADDRESS			STREET ADDRESS	12827 Royal George Ave			
CITY-ST-ZIP			CITY-ST-ZIP	Odessa, Fl 33556			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>John E. Harrison</i>		JOHN E. HARRISON TREASURER		2/16/06 813 926 5183			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			