
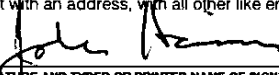


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90021 013 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3286056	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For <input type="checkbox"/> Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	12946 ROYAL GEORGE AVENUE			STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL 33556			CITY-ST-ZIP	
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, JEFF			NAME	
STREET ADDRESS	12928 ROYAL GEORGE AVE			STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL 33556			CITY-ST-ZIP	
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 type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANNON, TIM			NAME	
STREET ADDRESS	12827 ROYAL GEORGE AVE			STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL 33556			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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 		JOHN HARRISON		2/17/07 813 9265183	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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