

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 03 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N95000005962 (4)**  
 1. Corporation Name  
**CANTERBURY GREEN HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 600 FIFTH AVENUE SOUTH SUITE 207 NAPLES FL 33940 US	Mailing Address 600 FIFTH AVENUE SOUTH SUITE 207 NAPLES FL 33940 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/19/1995</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>65-0657805</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Dickinson Management Inc Suite, Apt. #, etc. 22 11920 Fairway Lakes Dr #2	2a. Mailing Address 26 Dickinson Management Inc Suite, Apt. #, etc. 27 11920 Fairway Lakes Dr #2
23 City & State Fort Myers, FL	28 City & State Fort Myers, FL
24 Zip 33913	25 Country U.S.A.
29 Zip 33913	30 Country U.S.A.

9. Name and Address of Current Registered Agent

**BRUGGER, CAROL R**  
**600 FIFTH AVENUE SOUTH**  
**SUITE 207**  
**NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name <b>J. Dudley Goodlette</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4031 Tamiami Trail North</b>
83 <b>Suite #300</b>
84 City <b>Naples</b>
85 Zip Code <b>FL 34103</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BRUGGER, JOHN N.</b>	
STREET ADDRESS <b>600 FIFTH AVENUE SOUTH #207</b>	
CITY-ST-ZIP <b>NAPLES FL</b>	
TITLE <b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>STEINER, ARLETTE</b>	
STREET ADDRESS <b>600 FIFTH AVENUE SOUTH, SUITE 207</b>	
CITY-ST-ZIP <b>NAPLES FL</b>	
TITLE <b>DST</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>STIER, ERIC</b>	
STREET ADDRESS <b>600 FIFTH AVENUE SOUTH, SUITE 207</b>	
CITY-ST-ZIP <b>NAPLES FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Mangan, Jeffery</b>	
1.3 STREET ADDRESS <b>2730 Pine Ridge Road</b>	
1.4 CITY-ST-ZIP <b>Naples, FL 34105</b>	
2.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Henderlong, Rich</b>	
2.3 STREET ADDRESS <b>2700 Pine Ridge Road</b>	
2.4 CITY-ST-ZIP <b>Naples, FL 34105</b>	
3.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Spivey, Blaine</b>	
3.3 STREET ADDRESS <b>2700 Pine Ridge Road</b>	
3.4 CITY-ST-ZIP <b>Naples, FL 34105</b>	
4.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Maurais, Tim</b>	
4.3 STREET ADDRESS <b>2700 Pine Ridge Road</b>	
4.4 CITY-ST-ZIP <b>Naples, FL 34105</b>	
5.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Mullins, Larry</b>	
5.3 STREET ADDRESS <b>2700 Pine Ridge Road</b>	
5.4 CITY-ST-ZIP <b>Naples, FL 34105</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or Supplemental Annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED

CR2E037 (4/97)