


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
Aug 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001326 (5)**

1. Corporation Name

CANTERBURY OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 325 SOUTH BOULEVARD TAMPA FL 33606	Mailing Address 325 SOUTH BOULEVARD TAMPA FL 33606
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1996	3a. Date of Last Report
4. FEI Number 59-3434835	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4903 SYLVAN OAKS DR Suite, Apt. #, etc.	2a. Mailing Address 26 PO BOX 2161 Suite, Apt. #, etc.		
22 City & State 23 VALRICO FL	27 City & State 28 BRANDON FL		
24 Zip 33594	25 Country	29 Zip 33509	30 Country

9. Name and Address of Current Registered Agent JAMES, JUDITH L 325 SOUTH BOULEVARD TAMPA FL 33606	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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	<input type="checkbox"/> DELETE
NAME	D TUCKER, HARVEY
STREET ADDRESS	3510 RANCH ROAD
CITY-ST-ZIP	VALRICO FL 33594
TITLE	<input type="checkbox"/> DELETE
NAME	D HASBINI, ALI
STREET ADDRESS	3510 RANCH ROAD
CITY-ST-ZIP	VALRICO FL 33594
TITLE	<input type="checkbox"/> DELETE
NAME	D CIMILLUCA, THOMAS
STREET ADDRESS	3510 RANCH ROAD
CITY-ST-ZIP	VALRICO FL 33594
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TUCKER, HARVEY
1.3 STREET ADDRESS	4903 SYLVAN OAKS DR
1.4 CITY-ST-ZIP	VALRICO FL 33594
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HASBINI, ALI
2.3 STREET ADDRESS	4903 SYLVAN OAKS DR
2.4 CITY-ST-ZIP	VALRICO FL 33594
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CIMILLUCA, THOMAS
3.3 STREET ADDRESS	4903 SYLVAN OAKS DR
3.4 CITY-ST-ZIP	VALRICO FL 33594
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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

2/24/97

811-688-9792

CR2E037 (4/97)