

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90191 037 ****61.25

DOCUMENT # N96000001326

1. Entity Name

CANTERBURY OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**4903 SYLVAN OAKS DR
 VALRICO FL 33594
 US**

Mailing Address

**P.O BOX 2161
 BRANDON FL 33509
 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1058

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State
 Ruskin, FL 33570**

4. FEI Number

59-3434835

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HASBINI, ALI
 526 MANATEE DRIVE
 RUSKIN FL 33-5705**

7. Name and Address of New Registered Agent

Name

Dee Anne King

Street Address (P.O. Box Number is Not Acceptable)

409 E. College Ave.

City

Ruskin

FL

Zip Code

33570

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	POPOVICH, GAIL	
STREET ADDRESS	4903 SYLVAN OAKS DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HASBINI, ALI	
STREET ADDRESS	4903 SYLVAN OAKS DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CIMILLUCA, THOMAS	
STREET ADDRESS	4903 SYLVAN OAKS DR	
CITY-ST-ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Warren, Dan	
STREET ADDRESS	5014 Sylvan Oaks Dr.	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Copack, Kathleen	
STREET ADDRESS	5026 Sylvan Oaks Dr.	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herbst, Jane	
STREET ADDRESS	4903 Sylvan Oaks Dr.	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diamond, Russ	
STREET ADDRESS	5013 Sylvan Oaks Dr.	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Giles, Randy	
STREET ADDRESS	4914 Sylvan Oaks Dr.	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/01 8136451569

CR2E037 (10/00)