


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90122 031 ****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 1058
 RUSKIN, FL 33570 US**

50029570



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02162005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-3434835

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**KING, DEE ANNE
 409 E COLLEGE AVENUE
 RUSKIN, FL 33570**

7. Name and Address of New Registered Agent
 Name **PAMELA SWARTWOOD**
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Pamela Swartwood* DATE **03-11-05**

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

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PASIK, DAVID 5034 SYLVAN OAKS DRIVE VALRICO, FL 33594 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCELVENNY, JOHN 5011 SYLVAN OAKS DRIVE VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OYEN, MARK 3404 SYLVANI OAKS DRIVE VALRICO, FL 33594 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIAMOND, RUSS 5013 SYLVAN OAKS DRIVE VALRICO, FL 33594 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS GILES, RANDY 4914 SYLVAN OAKS DR VALRICO, FL 33594 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard Hughes 5118 Sylvan Oaks Dr. Valrico, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mark Oyen* DATE: **3/16/05** DAYTIME PHONE #: **813-417-1199**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #