

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90003 027 \*\*\*\*70.00

**DOCUMENT # N96000003206**

1. Entity Name

CANTERBURY PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

432 EUNICE DRIVE  
LAKELAND FL 33803

Mailing Address

432 EUNICE DRIVE  
LAKELAND FL 33803

2. Principal Place of Business

7786 ASHFORD DR

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 619

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

LAKELAND FL

City & State

KATHLEEN, FL

Zip

33810

Country

USA

Zip

33849

Country

USA

4. FEI Number

59-3292107

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ENGLE, GENE  
432 EUNICE DRIVE  
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

ROGER ECKENRODE

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

7786 ASHFORD DRIVE

City

LAKELAND

FL

Zip Code

33810

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

*Roger Eckenrode*

*Roger Eckenrode*

1/25/04

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**  
**Due By May 1, 2004**

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 DPT  
NAME ENGLE, GENE ☒ Delete  
STREET ADDRESS 432 EUNICE DRIVE  
CITY-ST-ZIP LAKELAND FL 33803

TITLE DV  
NAME TYLER, DONNIE ☒ Delete  
STREET ADDRESS 5397 NORTH SOCRUM LOOP ROAD  
CITY-ST-ZIP LAKELAND FL 33809

TITLE D  
NAME WATKINS, JOHN C ☒ Delete  
STREET ADDRESS 1144 W. GRIFFIN ROAD  
CITY-ST-ZIP LAKELAND FL 33804

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME ROGER ECKENRODE  
STREET ADDRESS 7786 ASHFORD DR.  
CITY-ST-ZIP LAKELAND, FL 33810

TITLE VICE-PRESIDENT ☐ Change ☒ Addition  
NAME JAMES WALLER  
STREET ADDRESS 7737 ASHFORD DR.  
CITY-ST-ZIP LAKELAND, FL 33810

TITLE SECRETARY-TREASURER ☐ Change ☒ Addition  
NAME JAMES H. STEPHENSON  
STREET ADDRESS 7874 CANTERBURY CR.  
CITY-ST-ZIP LAKELAND, FL 33810

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*James H. Stephenson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/04

863-858-8887

Daytime Phone #