

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734830

Entity Name: CANTERBURY TOWERS, INC.**Current Principal Place of Business:**3501 BAYSHORE BLVD
TAMPA, FL 33629**Current Mailing Address:**3501 BAYSHORE BLVD
TAMPA, FL 33629**FEI Number: 59-1782481****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BOGGS, JACKSON E
3501 BAYSHORE BLVD
TAMPA, FL 33629 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP	Title	EXECUTIVE CHAIRMAN
Name	CONNER, DOUGLAS B	Name	BOGGS, JACKSON E
Address	4906 SAINT CROIX DRIVE	Address	3501 BAYSHORE BLVD
City-State-Zip:	TAMPA FL 33601	City-State-Zip:	TAMPA FL 33629
Title	PRESIDENT	Title	MEMEMBER
Name	VINAS, CARIDAD	Name	WARD, ALTON CLYCE
Address	3501 BAYSHORE BLVD	Address	4307 W ROBIN LANE
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	TAMPA FL 33609
Title	MEMBER	Title	MEMBER
Name	BOUSHALL, FORREST	Name	SILVERFIELD, JOEL DR.
Address	1012 SOUTH STERLING AVE	Address	4922 ST CROIX DR.
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	TAMPA FL 33629

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARIDAD VINAS**PRESIDENT****04/06/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date