

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N29220

Entity Name: CANTERBURY VILLAGE CONDOMINIUM ASSOCIATION, INC.

FILED
Jul 17, 2019
Secretary of State
2373506281CC

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. SOUTH SUITE 215
NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. SOUTH SUITE 215
NAPLES, FL 34104 US

FEI Number: 65-0089635

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLEN, TODD B ESQUIRE
LINDSAY & ALLEN, PLLC
13180 LIVINGSTON ROAD, SUITE 206
NAPLES, FL 34109 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: TODD B. ALLEN, ESQUIRE

07/17/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BARKER , CAROLYN
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR. SOUTH SUITE
 215
City-State-Zip: NAPLES FL 34104

Title VP
Name PRATTE, CYNTHIA D.
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR. SOUTH SUITE
 215
City-State-Zip: NAPLES FL 34104

Title SECRETARY / TREASURER
Name POLLOCK, VICTORIA
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR. SOUTH SUITE
 215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name OPRY, OCTAVIAN
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR. SOUTH SUITE
 215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name DELORENZO, LEONARD
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR. SOUTH SUITE
 215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name CUELLAR, JOSE
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR. SOUTH SUITE
 215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name AIELLO, PHIL
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR. SOUTH SUITE
 215
City-State-Zip: NAPLES FL 34104

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: CAROLYN BARKER

PRESIDENT

07/17/2019

