

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29220

**Entity Name:** CANTERBURY VILLAGE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 27, 2015**  
**Secretary of State**  
**CC3328305060**

**Current Principal Place of Business:**

5495 BRYSON DRIVE, SUITE #412  
NAPLES, FL 34109

**Current Mailing Address:**

5495 BRYSON DRIVE, SUITE #412  
NAPLES, FL 34109 US

**FEI Number: 65-0089635**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

POTTER, PATRICIA JESQ.  
SIESKY, PILON & POTTER  
3435 10TH STREET N, STE 303  
NAPLES, FL 34103 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            PRESIDENT  
Name            BARKER , CAROLYN  
Address        5495 BRYSON DRIVE, SUITE #412  
City-State-Zip: NAPLES FL 34109

Title            VP  
Name            WINTERS, LISA  
Address        5495 BRYSON DRIVE, SUITE #412  
City-State-Zip: NAPLES FL 34109

Title            SECRETARY / TREASURER  
Name            BECHT, STARR  
Address        5495 BRYSON DRIVE, SUITE #412  
City-State-Zip: NAPLES FL 34109

Title            DIRECTOR  
Name            WINTERS , GIGI  
Address        5495 BRYSON DRIVE, SUITE #412  
City-State-Zip: NAPLES FL 34109

Title            DIRECTOR  
Name            MEDFORD, KEN  
Address        5495 BRYSON DRIVE, SUITE #412  
City-State-Zip: NAPLES FL 34109

Title            DIRECTOR  
Name            BELL, DEB  
Address        5495 BRYSON DRIVE SUITE 412  
City-State-Zip: NAPLES FL 34109

Title            DIRECTOR  
Name            LALLA, FRANK  
Address        5495 BRYSON DRIVE SUITE 412  
City-State-Zip: NAPLES FL 34109

*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**

**02/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date