

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710283

FILED
Mar 30, 2009
Secretary of State

Entity Name: CANTERBURY APARTMENT ASSOCIATION, INC.

Current Principal Place of Business:

2166-86 NE 56TH STREET
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

2626 E. COMMERCIAL BLVD
SUITE #4
FT. LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 59-1156721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANAGEMENT ASSIST, INC
2626 E. COMMERCIAL
SUITE 4
FT LADUERDALE, FL 33308 US

Name and Address of New Registered Agent:

MANAGEMENT ASSIST, INC
2626 E. COMMERCIAL
SUITE 4
FORT LAUDERDALE, FL 33308 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: TOM DECKER

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: FRITZ, CHRISTINA
Address: 2186 NE 56 ST #209
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: DP () Delete
Name: BERRY, ELIANE
Address: 2186 NE 36 ST. #204
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: ENGILIS, PETER
Address: 2186 NE 56 ST. #202
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: DV (X) Delete
Name: ADAMS, JOHN
Address: 2186 NE 56TH ST, # 206
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D (X) Delete
Name: BERRY, DOUG
Address: 2186 NE 56 ST #204
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: ADAMS, JOHN
Address: 2186 NE 56 ST #206
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: DP (X) Change () Addition
Name: BERRY, ELAINE
Address: 2186 NE 36 ST. #204
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: DST (X) Change () Addition
Name: ENGILIS, PETER
Address: 2186 NE 56 ST. #202
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELAINE BERRY

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date