FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7:09

DOCUMENT # 715035 (2)

1. Corporation Name

SOUTH CANTERBURY CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
1372 ARCHER ST P.O. BOX 402 LEHIGH ACRES FL 33907-7402	1376 ARCHER STREET P.O. BOX 402 LEHIGH ACRES FL 33907-7402 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1968
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-1288389 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1376 Archer Street	26
Suite, Apt. #, etc. 22 Apt. #3	Suite, Apt. #, etc. 27
City & State 23 Lehigh Acres, FL	City & State 28
Zip 24 33936 Country 25 Lee	Zip 29 33970-0402 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ELIG, RUTH A.
1376 ARCHER STREET., APT. 3
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restricting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☐ Change ☒ Addition
NAME	CRAVEN, JOHN	12 NAME	Winslow, Richard	
STREET ADDRESS	2361 WHITEWOOD LN	13 STREET ADDRESS	1376 Archer St.Apt.#2	
CITY-ST-ZIP	CINCINNATI OH	14 CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	ELIG, RUTH A.	22 NAME		
STREET ADDRESS	1376 ARCHER ST APT 3	23 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	TERRY, ARVIN	32 NAME		
STREET ADDRESS	1376 ARCHER ST APT 5	33 STREET ADDRESS	No longer a resident.	
CITY-ST-ZIP	LEHIGH ACRES FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	DECKER, ELMER	42 NAME		
STREET ADDRESS	412 E LINN ST	43 STREET ADDRESS		
CITY-ST-ZIP	BELLEFONTE PA	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	METZGER, JOHN	52 NAME		
STREET ADDRESS	1376 ARCHER STREET, APT. 1	53 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Craven Jr. President 3/13/95 813-369-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #