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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 715035 (2)

1. Corporation Name
SOUTH CANTERBURY CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
1376 ARCHER STREET ~~APT. #8~~ LEHIGH ACERS FL 33972 US	1376 ARCHER STREET P.O. BOX 402 LEHIGH ACRES FL ~~33970-0402~~ US

3. Date Incorporated or Qualified: 07/31/1968

4. FEI Number: 59-1288389 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: APT. #8	Suite, Apt. #, etc. 27:
City & State 23:	City & State 28:
Zip 24: / Country 25:	Zip 29: 33936-0402 / 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
with filing by 5/1/98

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DELLES, MARY B 1376 ARCHER ST APT. 5 LEHIGH ACRES FL 33972	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☐ DELETE	1.1 TITLE	JUST A DIRECTOR	☒ Change ☐ Addition
NAME	CRAVEN, JOHN		1.2 NAME		
STREET ADDRESS	2361 WHITEWOOD LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DELLES, MARY B		2.2 NAME		
STREET ADDRESS	1376 ARCHER ST., APT. 5		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WINSLOW, RICHARD		3.2 NAME		
STREET ADDRESS	1376 ARCHER ST. APT. #2		3.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WASUDA, ULLA		4.2 NAME		
STREET ADDRESS	1376 ARCHER ST., APT. 4		4.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEFONTE PA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	METZGER, JOHN		5.2 NAME		
STREET ADDRESS	1376 ARCHER STREET, APT. 1		5.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	P/D	☐ Change ☒ Addition
NAME			6.2 NAME	ROY WARNER	
STREET ADDRESS			6.3 STREET ADDRESS	1376 ARCHER ST. APT. 8	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	LEHIGH ACRES FL 33972	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: ROY WARNER 4/8/98 941-368-7120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #