FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90155 033 ****61.25

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DOCUMENT # 715035

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 33936-0402 US

2. Principal Place of Business 21 c/o Mgmt. Professional Suite, Apt. #, etc. 22 205 Joel Blvd., #201 City & State 23 Lehigh Acres, FL Zip 24 33972 Country 25 US	2a. Mailing Address 26 P.O. Box 402 Suite, Apt. #, etc. 27 City & State 28 Lehigh Acres, FL Zip 29 33970 Country 30 US	3. Date Incorporated or Qualifed 07/31/1968 4. FEI Number 59-1288389 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DELLES, MARY B
1376 ARCHER ST
APT. 5
LEHIGH ACRES FL 33972

10. Name and Address of New Registered Agent

81 Name: Christopher J. Shields
82 Street Address (P.O. Box Number is Not Acceptable): Pavese, Garner, Haverfield, Dalton
83: Harrison & Jensen, LLP, 1833 Hendry St.
84 City: Fort Myers FL 85 Zip Code: 33901

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 _____ 4/16/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	VD	☒ 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	SD	☒ 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	Lehigh Acres, FL 33972	
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	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WARNER, ROY		6.2 NAME		
STREET ADDRESS	1376 ARCHER ST APT 8		6.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL 33972		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Mary B. Delles SIGNATURE REQUIRED Mary B Delles 4/29/99 (941) 368-4806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #