2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715035

1. Entity Name

SOUTH CANTERBURY CONDOMINIUM, INC.

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90158 038 ****61.25

Principal Place of Business	Mailing Address
C/O MGMT PROFESSIONALS 205 JOEL BLVD- #201 LEHIGH ACERS FL 33972 US	P.O. BOX 402 LEHIGH ACRES FL 33970-0402 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
530 Construction Lane	
Suite, Apt. #, etc. #1	Suite, Apt. #, etc.
City & State Lehigh Acres, FL	City & State
Zip 33936 / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHIELDS, CHRISTOPHER J C/O PAVESE, GARNER, HAVERFIELD ET AL 1833 HENDRY ST FT MYERS FL 33901	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____ DATE

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CRAVEN, JOHN 2361 WHITEWOOD LN CINCINNATI OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DELLES, MARY B 1376 ARCHER ST., APT. 5 LEHIGH ACRES FL 33972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WARNER, ROY 1376 ARCHER ST APT 8 LEHIGH ACRES FL 33972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary B. Delles 4/27/00 (941) 368-6741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #