

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91786 035 *****61.25

DOCUMENT # 715035

1. Entity Name

SOUTH CANTERBURY CONDOMINIUM, INC.



Principal Place of Business

**530 CONSTRUCTION LANE
#1
LEHIGH ACRES FL 33936
US**

Mailing Address

**P.O. BOX 402
LEHIGH ACRES FL 33936-0402
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1058

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lehigh Acres, FL

Zip

Country

Zip

Country

33970

USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **CRAVEN, JOHN**
STREET ADDRESS **2361 WHITEWOOD LN**
CITY-ST-ZIP **CINCINNATI OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **DELLES, MARY B**
STREET ADDRESS **1376 ARCHER ST., APT. 5**
CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **WARNER, ROY**
STREET ADDRESS **1376 ARCHER ST APT 8**
CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **WINSLOW, RICHARD**
STREET ADDRESS **1376 ARCHER STREET 2**
CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **JOHNSTON, SETH**
STREET ADDRESS **1376 ARCHER STREET 4**
CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED BY WARNER, Pres. 4/28/03 (239) 368-6741

CR2E037 (10/02)