## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

## **DOCUMENT # 721464**

1. Entity Name

Principal Place of Business

## CANTERBURY CHASE HOME OWNERS-ASSN,,, INC.



FILED Feb 13, 2007 8:00 am **Secretary of State** 

02-13-2007 90046 040 \*\*\*\*61.25



11970 68TH AVE SEMINOLE FL 33772 11970 68TH AVE SEMINOLE FL 33772 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-6513489 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo MADDEN, SALLY Street Address (P.O. Box Number is Not Acceptable) 11970 68TH AVE SEMINOLE FL 33772 City 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 it applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete Addition MILE 11111 Change NAME MADDEN, SALLY NAME STREET ADDRESS STREET ADDRESS 11970 68TH AVE CHY ST ZIE SEMINOLE FL 33772 CHY SL ZIP TITLE Defele TITLE Change ☐ Addition NAME GAJ, GREGG NAMI STREET ADDRESS STREET ADDRESS 7153 119 ST CITY ST ZIP SEMINOLE FL 33772 CHY SI ZIP ☐ Addition 11111 Delete HILL NAMI NAME MUBRLIM, CHRIS SIDIET ADDRESS STRUCTADDRES 11986 70TH AVE CITY ST ZIP CHY-SI-ZIP SEMINOLE FL 33772 BILLE ■ Delete пи RS NAMI NAME JOYNER, JEANNE STREET ADDRESS STREET ADDRESS 7143 120TH AVE CITY-ST-7IP CITY ST-7IP SEMINOLE FL 33772 Delete шп CR TITLE NAMI BUMONTI, KIM NAME STREET ADDRESS 12155 70TH AVE STREET ADDRESS CITY - ST-ZIP SEMINOLE FL 33772 CHY-ST ZIP THUE ☐ Delete THREE ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 logal 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