

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90042 028 ****61.25

DOCUMENT # 721464	
1. Entity Name CANTERBURY CHASE HOME OWNERS ASSN., INC.	

Principal Place of Business 11970 68TH AVE SEMINOLE FL 33772 US	Mailing Address 11970 68TH AVE SEMINOLE FL 33772 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-6513489	Applied For ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MADDEN, SALLY 11970 68TH AVE SEMINOLE FL 33772

7. Name and Address of New Registered Agent
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 _____	DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete
P MAHLIN, CHRIS 11986 70TH AVE SEMINOLE FL 33772	
VP DENNERY, GERRY 11681 68TH AVE. SEMINOLE FL 33772	☒ Delete
RS HITTERMAN, DAVID 11986 70TH AVE SEMINOLE FL 33772	☒ Delete
RS JOYNER, JEANNE 7143 120TH AVE SEMINOLE FL 33772	☒ Delete
CR BUMONTI, KIM 12155 70TH AVE SEMINOLE FL 33772	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
Londo, Joseph 6888-121st St Seminole, FL 33772	
VP Paul Madden 11970-68th Ave Seminole, FL 33772	☐ Change ☒ Addition
RS Phyllis Kingle 6932-121st St Seminole, FL 33772	☐ Change ☒ Addition
TR Sally Madden 11970-68th Ave Seminole, FL 33772	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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: Sally Madden	Sally Madden 2-2-08 391-8055