

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721464

FILED  
Feb 19, 2009  
Secretary of State

**Entity Name:** CANTERBURY CHASE HOME OWNERS ASSN., INC.

**Current Principal Place of Business:**

11970 68TH AVE  
SEMINOLE, FL 33772 US

**New Principal Place of Business:**

**Current Mailing Address:**

11970 68TH AVE  
SEMINOLE, FL 33772 US

**New Mailing Address:**

**FEI Number:** 59-6513489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MADDEN, SALLY  
11970 68TH AVE  
SEMINOLE, FL 33772 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LORNDON, JOSEPH  
Address: 6888-121ST STREET  
City-St-Zip: SEMINOLE, FL 33772

Title: VP ( ) Delete  
Name: MADDEN, PAUL  
Address: 11970-68TH AVE  
City-St-Zip: SEMINOLE, FL 33772

Title: RS ( ) Delete  
Name: KINZLE, PHYLLIS  
Address: 6932-121ST STREET  
City-St-Zip: SEMINOLE, FL 33772

Title: TR ( ) Delete  
Name: MADDEN, SALLY  
Address: 11970-68TH AVE  
City-St-Zip: SEMINOLE, FL 33772

Title: CR ( ) Delete  
Name: BUMONTI, KIM  
Address: 12155 70TH AVE  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LONDO, JOSEPH  
Address: 6888-121ST STREET  
City-St-Zip: SEMINOLE, FL 33772

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: RS (X) Change ( ) Addition  
Name: COPPOLA, LINDA  
Address: 11840-68TH AVE.  
City-St-Zip: SEMINOLE, FL 33772

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY L MADDEN

TR

02/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date