

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 03 1996 8:00 am
Secretary of State

DOCUMENT # 730063

(5)

1. Corporation Name

CANTERBURY APARTMENTS, INC.

Principal Place of Business

720 APALACHICOLA RD. APT 201
VENICE FL 34285-1606
US

Mailing Address

720 APALACHICOLA RD
VENICE FL 34285-1606
US

3. Date Incorporated or Qualified
06/26/1974

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1780013

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

34285-1606

30

SARASOTA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAHN, WILLIS J.
720 APALACHICOLA RD.
VENICE FL 33595

81 Name

R. HARRISON MANSFIELD

82 Street Address (P.O. Box Number is Not Acceptable)

720 APALACHICOLA RD. #106

83

84 City

VENICE

FL

85 Zip Code

34285

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	HAHN, WILLIS J.	
STREET ADDRESS	720 APALACHICOLA	
CITY-ST-ZIP	VENICE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PETERS, MARJORIE J.	SEE
STREET ADDRESS	720 APALACHICOLA RD APT 202	- CHANGE
CITY-ST-ZIP	VENICE FL	- ADDITION
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PATTISON, MARY JO	
STREET ADDRESS	720 APALACHICOLA	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	TREASURER + DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	R. HARRISON MANSFIELD	
1.3 STREET ADDRESS	720 APALACHICOLA RD #102	
1.4 CITY-ST-ZIP	VENICE FL 34285	
2.1 TITLE	ACTING PRESIDENT, DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARJORIE J. PETERS	
2.3 STREET ADDRESS	720 APALACHICOLA RD #202	
2.4 CITY-ST-ZIP	VENICE FLA 34285	
3.1 TITLE	PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HANN, WILLIS J.	
3.3 STREET ADDRESS	720 APALACHICOLA RD #201	
3.4 CITY-ST-ZIP	VENICE FL 34285	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CATHERINE SPIERS	
4.3 STREET ADDRESS	720 APALACHICOLA RD #103	
4.4 CITY-ST-ZIP	VENICE, FL 34285	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. Harrison Mansfield

2-5-96

341-485-8494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E037 (12/95)