

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 730063

1. Entity Name
CANTERBURY APARTMENTS, INC.



Principal Place of Business
**720 APALACHICOLA RD, APT 201
APT 206
VENICE, FL 34285-1606 US**

Mailing Address
**720 APALACHICOLA RD
#106
VENICE, FL 34285-1606 US**



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1780013

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIERS, WILLIAM H
720 APALACHICOLA RD., #103
VENICE, FL 34285**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SPIERS, WILLIAM H
STREET ADDRESS 720 APALACHICOLA RD #103
CITY-ST-ZIP VENICE, FL 34285

TITLE STD
NAME PATTISON, MARY JO
STREET ADDRESS 208 WEST MIAMI AVE
CITY-ST-ZIP VENICE, FL 34285

TITLE VD
NAME HOWE, ARTHUR K
STREET ADDRESS 720 APALACHICOLA RD APT #202
CITY-ST-ZIP VENICE, FL 34285

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000618999
02/08/07-80054-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mary Jo Pattison **MARY JO PATTISON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-2007 941-788-5933
Date Daytime Phone #