


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90084 034 ****61.25

| | | | | | |
|--|---|--|---|---|--|
| DOCUMENT # 742748 1. Entity Name CANTERBURY D CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 89 CANTERBURY DR. 89 WEST PALM BEACH, FL 33417 US | | | Mailing Address SEACREST SERVICES, INC. 2400 CENTRE PARK W. DRIVE, #175 WEST PALM BEACH, FL 33409 US | | |
| 2. Principal Place of Business - No P.O. Box # 80 | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1804495 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent FABIAN, SIDNEY R 89 CANTERBURY D WEST PALM BEACH, FL 33417 | | | 7. Name and Address of New Registered Agent Name <u>Frances E Bloom</u> Street Address (P.O. Box Number is Not Acceptable) <u>80 Canterbury D</u> City <u>W. Palm Beach</u> FL Zip Code <u>33417</u> | | |
| 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 <u>Frances E. Bloom - Frances E. Bloom</u> DATE <u>Apr. 4, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DENNISON, JERRY 86 CANTERBURY D WEST PALM BEACH, FL 33417 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Katherine Bureau 99 Canterbury D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PAGEN, CHARLES D JR 78 CANTERBURY D WEST PALM BEACH, FL 33417 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Walter Regak 100 Canterbury D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SALTMRE, HILDA 25 CANTERBURY D WEST PALM BEACH, FL 33417 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Saltarella, Hilda | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LUCA, ROBERT 98 CANTERBURY D WEST PALM BEACH, FL 33417 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Betty Regak 100 Canterbury D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEYERSON, NORMAN 88 CANTERBURY D WEST PALM BEACH, FL 33417 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Gary Myrick 94 Canterbury D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BLOOM, FRANKIE 80 CANTERBURY D W PALM BEACH, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Frances E. Bloom - Frances E. Bloom</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>4/4/07</u> Daytime Phone # <u>561-686-7312</u> | | |

40054591



03082007 Chg-NP CR2E037 (12/06)

ATTACHMENT

40054591
#742748

D Jerry Dennison
86 Canterbury D
W. Palm Beach, FL
33417