

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90016 036 \*\*\*\*61.25

<b>DOCUMENT # 742748</b> 1. Entity Name <b>CANTERBURY D CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>89 CANTERBURY DR.</b> <b>80</b> <b>WEST PALM BEACH, FL 33417 US</b>			Mailing Address <b>SEACREST SERVICES, INC.</b> <b>2400 CENTRE PARK W. DRIVE, #175</b> <b>WEST PALM BEACH, FL 33409 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>CANTERBURY D</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>PRIME MANAGEMENT</b>			
City & State		City & State <b>BOCA RATON, FL</b>			
Zip	Country	Zip	Country	4. FEI Number <b>59-1804495</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Chg-NP CR2E037 (12/06) <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BLOOM, FRANCES E</b> <b>80 CANTERBURY D</b> <b>WEST PALM BEACH, FL 33417</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUREAU, KATHERINE 99 CANTERBURY D WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEZEK, WALTER 100 CANTERBURY D WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLTARELLA, HILDA 25 CANTERBURY D WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEZEK, BETTY 100 CANTERBURY D WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYRICK, GARY 94 CANTERBURY D WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLOOM, FRANKIE 80 CANTERBURY D W PALM BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.					
<b>SIGNATURE: Frances E. Bloom</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>5/16/08</b> Daytime Phone # <b>686-7312</b>					