

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

45 APR 21 AM 9:54

DOCUMENT # 742749 (5)

1. Corporation Name

CANTERBURY F CONDOMINIUM ASSOCIATION, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**CANTERBURY F-135
CENTURY VILLAGE
WEST PALM BEACH FL 33417**

**CANTERBURY F-135
CENTURY VILLAGE
WEST PALM BEACH FL 33417**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1978

3a. Date of Last Report

02/08/1994

4. FEI Number

59-1795672

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$0.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JULIUS MILLER
CANTERBURY F-135
CENTURY VILLAGE
WEST PALM BEACH FL 33417**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	LEWIS, IRMA
STREET ADDRESS	143 CANTERBURY F
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	P
NAME	MILLER, JULIUS
STREET ADDRESS	135 CANTERBURY F
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	VP
NAME	GOLDSTEIN, AL
STREET ADDRESS	130 CANTERBURY F
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	D
NAME	PERLMUTTER, OSCAR
STREET ADDRESS	146 CANTERBURY F
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	T
NAME	MARSHAL, EUGENE
STREET ADDRESS	132 CANTERBURY F
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	JOHN RICH	☒ Change ☐ Addition
1.2 NAME	127 CANTERBURY F	
1.3 STREET ADDRESS	W.P.B., FL	SECY
1.4 CITY - ST - ZIP	DIA	☐ Change ☐ Addition
2.1 TITLE	OSCAR PERLMUTTER	☒ Change ☐ Addition
2.2 NAME	147 CANTERBURY F	
2.3 STREET ADDRESS	W.P.B., FL	VP
2.4 CITY - ST - ZIP	149 CANTERBURY F	☒ Change ☐ Addition
3.1 TITLE	SAM COHEN	
3.2 NAME	W.P.B., FL	DIA
3.3 STREET ADDRESS	DIT	☐ Change ☐ Addition
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JULIUS MILLER PRES. 3/24/95 407 686 4974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #