

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

DOCUMENT # 742752 (9)

1. Corporation Name

CANTERBURY I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

207 CANTERBURY I-207
~~CENTURY VILLAGE~~
W PALM BCH FL 33417

207 CANTERBURY I-207
~~CENTURY VILLAGE~~
W PALM BCH FL 33417

3. Date Incorporated or Qualified 05/08/1978	3a. Date of Last Report 01/23/1995
4. FEI Number 59-1636651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

NAGBY, NETTIE
CANTERBURY I-207
~~CENTURY VILLAGE~~
W. PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81. Name **NAGBY NETTIE**

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

83. **WEST PALM BEACH**

84. City

FL 85. Zip Code **33417**

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 **NETTIE NAGBY TREAS.** DATE **02/01/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GELMAN, SID	
STREET ADDRESS	204 CANTERBURY I	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NAGBY, NETTIE	
STREET ADDRESS	CANTERBURY I-207	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	NAGBY, MURRAY	
STREET ADDRESS	CANTERBURY I-207	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BURZIN, MURRAY	
STREET ADDRESS	CANTERBURY I-189	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEHRER, FRIEDA	
STREET ADDRESS	CANTERBURY, I-192	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDBERG, MINNIE	
STREET ADDRESS	CANTERBURY I-199	
CITY - ST - ZIP	W PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P. GEORGE SCHWARTZ	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	191 CANTERBURY I	
1.3 STREET ADDRESS	WEST PALM BCH, FL 33417	
1.4 CITY - ST - ZIP	WEST PALM BCH, FL 33417	
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROWENA SPILKEN	
2.3 STREET ADDRESS	200 CANTERBURY I	
2.4 CITY - ST - ZIP	W. PALM BCH, FL 33417	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NAGBY, NETTIE	
3.3 STREET ADDRESS	207 CANTERBURY I	
3.4 CITY - ST - ZIP	W. PALM BCH, FL 33417	
4.1 TITLE	S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BURZIN, MURRAY	
4.3 STREET ADDRESS	189 CANTERBURY I	
4.4 CITY - ST - ZIP	W. PALM BCH, FL 33417	
5.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GOLDBERG, MINNIE	
5.3 STREET ADDRESS	199 CANTERBURY I	
5.4 CITY - ST - ZIP	W. PALM BCH, FL 33417	
6.1 TITLE	P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SCHWARTZ, RUTH	
6.3 STREET ADDRESS	191 CANTERBURY I	
6.4 CITY - ST - ZIP	W-PALM BCH, FL 33417	

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: **Rowena Spilken, ROWENA SPILKEN** DATE: **2/1/96** (407) 686-9441

CR2E037 (12/95)