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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767057** (3)

1. Corporation Name

CANTERBURY AT THE CROSSINGS, INC.

Principal Place of Business

Mailing Address

**6954 AMERICANA HIGHWAY
REYNOLDSBURG OH 43068-4551**

**6954 AMERICANA HIGHWAY
REYNOLDSBURG OH 43068-4551**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/17/1983

4. FEI Number

59-3041567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	BARTLING, JOHN B	
STREET ADDRESS	6954 AMERICANA HIGHWAY	
CITY-ST-ZIP	REYNOLDSBURG OH	

TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	SOSH, MICHAEL F.	
STREET ADDRESS	6954 AMERICANA HIGHWAY	
CITY-ST-ZIP	REYNOLDSBURG OH	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KOEGLER, RONALD P	
STREET ADDRESS	6954 AMERICANA HIGHWAY	
CITY-ST-ZIP	REYNOLDSBURG OH	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SELID, PAUL R.	
STREET ADDRESS	6954 AMERICANA HIGHWAY	
CITY-ST-ZIP	REYNOLDSBURG OH	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, JEFFREY D	
STREET ADDRESS	6954 AMERICANA HIGHWAY	
CITY-ST-ZIP	REYNOLDSBURG OH 43068-4551	

TITLE	VCFO:	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, MARK D	
STREET ADDRESS	6954 AMERICANA HIGHWAY	
CITY-ST-ZIP	REYNOLDSBURG OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bartling, John B	
1.3 STREET ADDRESS	6954 Americana Parkway	
1.4 CITY-ST-ZIP	Reynoldsburg, OH 43068	

2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thompson, Mark D	
2.3 STREET ADDRESS	6954 Americana Parkway	
2.4 CITY-ST-ZIP	Reynoldsburg, OH 43068	

3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Koegler, Ronald P	
3.3 STREET ADDRESS	6954 Americana Parkway	
3.4 CITY-ST-ZIP	Reynoldsburg, OH 43068	

4.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sosh, Michael F	
4.3 STREET ADDRESS	6954 Americana Parkway	
4.4 CITY-ST-ZIP	Reynoldsburg, OH 43068	

5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Solid, Paul R	
5.3 STREET ADDRESS	6954 Americana Parkway	
5.4 CITY-ST-ZIP	Reynoldsburg, OH 43068	

6.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VanAuken, Bradley A	
6.3 STREET ADDRESS	6954 Americana Parkway	
6.4 CITY-ST-ZIP	Reynoldsburg, OH 43068	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Bradley A. VanAuken

2/25/98

(614) 242-3850

CR2E037 (10/97)