

FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767057

1. Corporation Name

CANTERBURY AT THE CROSSINGS, INC.

Principal Place of Business

6954 AMERICANA HIGHWAY  
REYNOLDSBURG OH 43068-4551

Mailing Address

6954 AMERICANA HIGHWAY  
REYNOLDSBURG OH 43068-4551

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FILED  
TALLAHASSEE, FLORIDA

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/17/1983
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3041567
24 Country	29 Country	Applied For
	30	Not Applicable

9. Name and Address of Current Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	BARTLING, JOHN B	12 NAME	
STREET ADDRESS	6954 AMERICANA PARKWAY	13 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	14 CITY-ST-ZIP	
TITLE	VT	21 TITLE	
NAME	SOSH, MICHAEL F.	22 NAME	
STREET ADDRESS	6954 AMERICANA PARKWAY	23 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	
NAME	KOEGLER, RONALD P	32 NAME	
STREET ADDRESS	3954 AMERICANA PARKWAY	33 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	
NAME	SELID, PAUL R.	42 NAME	
STREET ADDRESS	6954 AMERICANA PARKWAY	43 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	44 CITY-ST-ZIP	
TITLE	VS	51 TITLE	
NAME	VANAUKEN, BRADLEY A.	52 NAME	
STREET ADDRESS	6954 AMERICANA PARKWAY	53 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	
NAME	THOMPSON, MARK D	62 NAME	
STREET ADDRESS	6954 AMERICANA PARKWAY	63 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	64 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Bradley A. VanAuker

2/18/99

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CR2E037 (1/98)