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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00445** **(9)**

1. Corporation Name

**CANTON COURT D OF KINGS POINT CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 1904 CLUBHOUSE DRIVE<br>SUN CITY CENTER FL 33573-4351 | 1904 CLUBHOUSE DRIVE<br>SUN CITY CENTER FL 33573-4351 |

3. Date Incorporated or Qualified: **12/16/1983**

3a. Date of Last Report: **04/25/1994**

4. FEI Number: **59-2155933** ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc 22 | Suite, Apt. #, etc 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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. 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| GREENE, ROBERT E.<br>% PROFESSIONAL COMMUNITY SERVICES CORP.<br>1904 CLUBHOUSE DRIVE<br>SUN CITY CENTER FL 33573 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable) % Florida Lifestyle Management<br>83<br>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 _____ DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | VD | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | CHEEVERS, JAENE | 12 NAME | | |
| STREET ADDRESS | 301 CANTON CT., D-93 | 13 STREET ADDRESS | | |
| CITY ST ZIP | SUN CITY CENTER FL | 14 CITY ST ZIP | | |
| TITLE | PD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | SALISBURY, WILLIAM | 22 NAME | | |
| STREET ADDRESS | 301 CANTON CT #90 | 23 STREET ADDRESS | | |
| CITY ST ZIP | SUN CITY CENTER FL | 24 CITY ST ZIP | | |
| TITLE | D | 31 TITLE | T/S/D | ☒ Change ☐ Addition |
| NAME | LANGLEY, LOUISE | 32 NAME | Tillman, Les | |
| STREET ADDRESS | 301 CANTON CT., D-96 | 33 STREET ADDRESS | 301 Canton Court #80 | |
| CITY ST ZIP | SUN CITY CTR, FL 00000 | 34 CITY ST ZIP | Sun City Center FL | |
| TITLE | DSD | 41 TITLE | D | ☒ Change ☐ Addition |
| NAME | ELFORD, RON | 42 NAME | | |
| STREET ADDRESS | 301 CANTON CT., D-81 | 43 STREET ADDRESS | | |
| CITY ST ZIP | SUN CITY CTR, FL 00000 | 44 CITY ST ZIP | | |
| TITLE | DS | 51 TITLE | D | ☒ Change ☐ Addition |
| NAME | CRITTENDON, GENE | 52 NAME | Lanouette, Bob | |
| STREET ADDRESS | 301 CANTON CT #88 | 53 STREET ADDRESS | 301 Canton Court #85 | |
| CITY ST ZIP | SUN CITY CTR, FL 00000 | 54 CITY ST ZIP | Sun City Center FL | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 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)(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: W C Salisbury
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR

WILLIAM CHARLES SALISBURY

March 20, 1995
Date

634-1873 (813)
Daytime Phone #

0013900