


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006660 1. Entity Name CANTERBURY WOODS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 8101 WESTBOURNE DRIVE PENSACOLA, FL 32506	Mailing Address 8101 WESTBOURNE DRIVE PENSACOLA, FL 32506
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01252005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3737133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JANSSEN, SHANNON
8101 WESTBOURNE DRIVE
PENSACOLA, FL 32506

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANSSEN, SHANNON 8101 WESTBOURNE DRIVE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, BRIAN 221 CAMELFORD PL PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDDELL, ARDIS 8164 CAMELFORD DRIVE PENSACOLA, FL 32506
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02/02/05-80125-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SHANNON JANSSEN** **1/25/05** **850-453-9987**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #