

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000006660</b>	
1. Entity Name CANTERBURY WOODS HOMEOWNERS ASSOCIATION, INC.	
Principal Place of Business 8101 WESTBOURNE DRIVE PENSACOLA, FL 32506	Mailing Address 8101 WESTBOURNE DRIVE PENSACOLA, FL 32506



04172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3737133	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  JANSSEN, SHANNON 8101 WESTBOURNE DRIVE PENSACOLA, FL 32506
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**DO NOT WRITE  
IN THIS SPACE**

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 obligation of, registered agent.

SIGNATURE

Signature type and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/17/07

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

U00000715262  
04/27/07-80057-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

DATE

850 432-3343

Daytime Phone #