

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

06-10-2002 90463 010 ****61.25

DOCUMENT # **NO1000007271**

1. Entity Name

CANTERWOOD HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

**4729 U.S. HWY. 17, STE. 204
 ORANGE PARK FL 32003**

Mailing Address

**4729 U.S. HWY. 17, STE. 204
 ORANGE PARK FL 32003**

2. Principal Place of Business

Suite, Apt. #, etc.
2215 E. S.R. 200

3. Mailing Address

P O Box 1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Yulee FL

City & State
Yulee FL

4. FEI Number
Applied For

Applied For
 Not Applicable

Zip
32097

Country
US

Zip
32041-1987

Country
US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOOD, SUSAN D
 4729 U.S. HWY. 17, STE. 204
 ORANGE PARK FL 32003**

7. Name and Address of New Registered Agent

Name
Terrell J. Powell
 Street Address (P.O. Box Number is Not Acceptable)
2215 S.R. 200 E.
 City **Yulee** FL Zip Code **32097**

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.

SIGNATURE

Terrell J. Powell

Terrell J. Powell

6-5-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** **Kenneth L. Johns** Delete
 NAME **WOOD, SUSAN D**
 STREET ADDRESS **4729 U.S. HWY. 17, STE. 204**
 CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **VD** Delete
 NAME **BENNETT, DIANE**
 STREET ADDRESS **4729 U.S. HWY. 17, STE. 204**
 CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **STD** Delete
 NAME **SPENCER, SANDRA**
 STREET ADDRESS **4729 U.S. HWY. 17, STE. 204**
 CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Change Addition
 NAME **Kenneth L. Johns Jr.**
 STREET ADDRESS **9456 Philips Highway Ste 1**
 CITY-ST-ZIP **Jacksonville FL 32256**

TITLE **PD** Change Addition
 NAME **John Zailoske**
 STREET ADDRESS **9456 Philips Hwy Ste 1**
 CITY-ST-ZIP **Jacksonville FL 32256**

TITLE **PD** Change Addition
 NAME **Phil Daniels**
 STREET ADDRESS **9456 Philips Hwy Ste 1**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Kenneth L. Johns Jr.

6/3/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)