

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90238 023 \*\*\*\*61.25

DOCUMENT # N01000007271  
 1. Entity Name  
 CANTERWOOD HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business  
 2215 E SR 200  
 YULEE, FL 32097

Mailing Address  
 PO BOX 1987  
 YULEE, FL 32041-1987

66422964



2. Principal Place of Business  
 79 Masters Drive  
 Suite, Apt. #, etc.

3. Mailing Address  
 79 Masters Drive  
 Suite, Apt. #, etc.

04202004 Chg-NP CR2E037 (10/03)

City & State  
 St Augustine FL

City & State  
 St Augustine FL

Zip  
 32084

Country  
 St Johns

4. FEI Number  
 03-0461321

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

POWELL, TERRELL J  
 2215 SR 200 E  
 YULEE, FL 32097

7. Name and Address of New Registered Agent

Name  
 Janice Herrera

Street Address (P.O. Box Number is Not Acceptable)  
 C/O The Neighborhood Managers, Inc  
 79 Masters Drive

City  
 St Augustine FL Zip Code  
 32084

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 Janice Herrera DATE 5/17/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD	NAME JOHNS, KENNETH L JR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 9456 PHILIPS HWY STE 1	CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE D	NAME ZAKOSKE, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 9456 PHILIPS HWY STE 1	CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE D	NAME DANIELS, PHIL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 9456 HWY STE 1	CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President	NAME Cheryl Murphy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11938 Canterwood Drive	CITY-ST-ZIP JACKSONVILLE FL 32246	
TITLE Vice President	NAME Nicole Williams	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11978 Canterwood Drive	CITY-ST-ZIP JACKSONVILLE FL 32246	
TITLE Treasurer	NAME Cynthia Pollard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11970 Canterwood Drive	CITY-ST-ZIP JACKSONVILLE FL 32246	
TITLE Secretary	NAME Amanda Griffin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11913 Canterwood Drive	CITY-ST-ZIP JACKSONVILLE FL 32246	
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Cheryl Murphy cheryl.s.murphy DATE 04/25/04 DAYTIME PHONE # 904-641-6217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR