

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90318 035 ****61.25

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1. Entity Name
CANTERWOOD HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**79 MASTERS DRIVE
 SAINT AUGUSTINE, FL 32084**

Mailing Address
**79 MASTERS DRIVE
 SAINT AUGUSTINE, FL 32084**

50025066



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01182005 Chg-NP CR2E037 (10/03)

4. FEI Number
03-0461321

Applied For
 Not Applied

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

6. Name and Address of Current Registered Agent
**HENEN, JANICE
 C/O ME NEIGHTBORHOOD MANAGERS, INC
 79 MASTERS DR
 SAINT AUGUSTINE, FL 32084**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	
NAME	MURPHY, CHERYL	NAME	
STREET ADDRESS	11938 CANTERWOOD DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP	
TITLE	V	TITLE	S.V.P.
NAME	WILLIAMS, NICOLE	NAME	Clifton Raynor
STREET ADDRESS	11978 CANTERWOOD DRIVE	STREET ADDRESS	11924 Canterwood Dr. N.
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP	Jacksonville, FL 32246
TITLE	T	TITLE	
NAME	POLLARD, CYNTHIA	NAME	
STREET ADDRESS	11970 CANTERWOOD DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP	
TITLE	S	TITLE	VP
NAME	GRIFFIN, AMANDA	NAME	Amanda Griffin
STREET ADDRESS	11913 CANTERWOOD DR	STREET ADDRESS	11913 Canterwood Dr.
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP	Jacksonville, FL 32246
TITLE		TITLE	S
NAME		NAME	Smith, Jennifer
STREET ADDRESS		STREET ADDRESS	11941 Canterwood Dr N
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville, FL 32246
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Cheryl Murphy* President 904-982-3131/15 2972