


**FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 16, 2007 8:00 am
Secretary of State**

07-16-2007 90123 002 ****61.25

STATEMENT # N01000007271

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

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



04232007 Chg-NP CR2E037 (12/06)

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

4. FEI Number
03-0461321

Applied For
 Not Applicable

7. Name and Address of New Registered Agent
Name: Janice Herren
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 Herren DATE: 4/30/07

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

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

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	P	<input type="checkbox"/> Delete
NAME	MURPHY, CHERYL	
STREET ADDRESS	11938 CANTERWOOD DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	RAYNOR, CLIFON P	
STREET ADDRESS	11924 CENTERWOOD DR NORTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, JENNIFER P	
STREET ADDRESS	11941 CENTERWOOD DR NORTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	T	<input type="checkbox"/> Delete
NAME	REINHARAT, DAVID	
STREET ADDRESS	11906 CANTERWOOD DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Cheryl Murphy DATE: 7/7/07 DAYTIME PHONE #: 904-641-1902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR