

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90103 022 ****61.25

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01082008 Chg-NP CR2E037 (12/06)

DOCUMENT # N01000007271					
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			
2. Principal Place of Business - No P.O. Box # 7600 Arlington Expy.		3. Mailing Address P.O. Box 50886			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville Beach, FL		4. FEI Number 03-0461321	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 32211		Country Dulal		Zip 32240	
Country Dulal		Country Dulal			
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 River City Management Services Street Address (P.O. Box Number is Not Acceptable) 7600 Arlington Expressway City Jacksonville, FL Zip Code 32211		
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 <i>Shaileen Thompson</i> Signature, typed or printed name of registered agent and title if applicable.			DATE 1/8/08 (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MURPHY, CHERYL		NAME		
STREET ADDRESS	11938 CANTERWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAYNOR, CLIFON		NAME	Clifton	
STREET ADDRESS	11938 CANTERWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, JENNIFER		NAME		
STREET ADDRESS	11938 CANTERWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REINHARAT, DAVID		NAME		
STREET ADDRESS	11906 CANTERWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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: <i>Cheryl Murphy</i>			Date: 1/14/08		Daytime Phone #: 904-982-2472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					