

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007271

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: CANTERWOOD HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

7600 ARLINGTON EXPWY  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

POB 50886  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

P. O. BOX 50886  
JACKSONVILLE BEACH, FL 32240

FEI Number: 03-0461321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVER CITY MGMT SRVS  
7600 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MURPHY, CHERYL  
Address: 11938 CANTERWOOD DR  
City-St-Zip: JACKSONVILLE, FL 32246

Title: SVP ( ) Delete  
Name: RAYNOR, CLIFTEN  
Address: 11938 CANTERWOOD DR  
City-St-Zip: JACKSONVILLE, FL 32246

Title: S ( ) Delete  
Name: SMITH, JENNIFER  
Address: 11938 CANTERWOOD DR  
City-St-Zip: JACKSONVILLE, FL 32246

Title: T ( ) Delete  
Name: REINHARAT, DAVID  
Address: 11906 CANTERWOOD DR  
City-St-Zip: JACKSONVILLE, FL 32246

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP/T (X) Change ( ) Addition  
Name: HUDSON, JASON  
Address: 11932 CANTERWOOD DR. N  
City-St-Zip: JACKSONVILLE, FL 32246

Title: P (X) Change ( ) Addition  
Name: RAYNOR, CLIFTON  
Address: 11924 CANTERWOOD DR. N.  
City-St-Zip: JACKSONVILLE, FL 32246

Title: S (X) Change ( ) Addition  
Name: SMITH, JENNIFER  
Address: 11938 CANTERWOOD DR. N.  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D (X) Change ( ) Addition  
Name: GRIFFIN, CARLOS  
Address: 11913 CANTERWOOD DR. N.  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STHOMPSON

RA

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date