

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90080 006 ****61.25

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|--|--|---|--|
| DOCUMENT # N05000002221 1. Entity Name CANTERBURY TRAIL AT CROSS CREEK HOMEOWNER'S ASSOCIATION, INC. | |  | |
| Principal Place of Business 4201 MONTICELLO GARDENS PLACE TAMPA, FL 33613 | | Mailing Address 4201 MONTICELLO GARDENS PLACE TAMPA, FL 33613 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address 720 Brooker Creek Blvd. #206 Oldsmar, FL 34677 | |
| City & State Oldsmar, FL 34677 | | 4. FEI Number 20-4291696 | |
| Zip 34677 | | Country USA | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 02222007 Chg-NP CR2E037 (12/06) | |
| 6. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL S ATTY. 317 - 71ST STREET MIAMI BEACH, FL 33141 | | 7. Name and Address of New Registered Agent Name Scannavino, Inc. Street Address 720 Brooker Creek Blvd. #206 City Oldsmar, FL 34677 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 the registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Dominick Scannavino</i> DOMINICK SCANNAVINO <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 4-11-07 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE PD NAME REITER, DANIEL STREET ADDRESS 4201 MONTICELLO GARDENS PLACE CITY-ST-ZIP TAMPA, FL 33613 | <input checked="" type="checkbox"/> Delete | TITLE PD NAME LAURENZO, MARK STREET ADDRESS 10818 DRAGONWOOD DR. CITY-ST-ZIP TAMPA, FL 33617 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE VPD NAME REITER, ISAAC STREET ADDRESS 2030 S. OCEAN DRIVE, #820 CITY-ST-ZIP HALLANDALE, FL 33009 | <input checked="" type="checkbox"/> Delete | TITLE VD NAME MACKENZIE, CALUM STREET ADDRESS 19001 MELIBEE STONE ST. CITY-ST-ZIP TAMPA, FL 33617 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE STD NAME RAKOWSKI, HENRY STREET ADDRESS 10101 COLLINS AVENUE, #7F CITY-ST-ZIP BAL HARBOUR, FL 33154 | <input checked="" type="checkbox"/> Delete | TITLE STD NAME HOUCK, BRIDGETTE STREET ADDRESS 18005 NEW WALES PL. CITY-ST-ZIP TAMPA, FL 33617 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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>Mark J. Laurenzo</i> MARK J. LAURENZO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 27 March 2007 <small>Date</small> | |
| 813-731-7315 <small>Daytime Phone #</small> | | | |