

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90028 026 ****61.25

DOCUMENT # N07000008919					
1. Entity Name CANTERFIELD FARMS HOMEOWNERS ASSOCIATION INC. OF HILLS COUNTY					
Principal Place of Business 3658 ERINDALE DRIVE VALRICO, FL 33596			Mailing Address 3658 ERINDALE DRIVE VALRICO, FL 33596		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0882103	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASBINI, SAWSAN 3658 ERINDALE DRIVE VALRICO, FL 33596			7. Name and Address of New Registered Agent Name: <u>GAIL POPOVICH</u> Street Address (P.O. Box Number is Not Acceptable): <u>3658 ERINDALE DR</u> City: <u>VALRICO</u> FL <u>33596</u>		
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: <u>Gail M. Popovich</u> DATE: <u>1/22/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP	P APPLEYARD, ROBERT 3658 ERINDALE DRIVE VALRICO, FL 33596	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEJMAN, DAVID 3658 ERINDALE DRIVE VALRICO, FL 33596	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POPOVICH, GAIL M 3658 ERINDALE DRIVE VALRICO, FL 33596	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Gail M. Popovich</u> DATE: <u>1/15/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

40013551



01112008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

Zip Code
33596

1/22/08

Make check payable to
Florida Department of State

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Daytime Phone #