

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07366

1. Entity Name

CANTERBURY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

COMPLETE PROPERTY MGMT
777 S. FLAGLER DR., #310E
WEST PALM BEACH FL 33401

Mailing Address

4239 NORTHLAKE BLVD
SUITE D
PALM BCH GARDENS FL 33410-6234

2. Principal Place of Business

4239 Northlake Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite D

City & State
Palm Bch Gardens

City & State

Zip
FL

Country

Zip

Country

4. FEI Number

65-0179325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, WILLIAM F.
COMPLETE PROPERTY MANAGEMENT INC.
4239 NORTHLAKE BLVD., STE.D
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SIMON, SAUL
STREET ADDRESS 214 CANTERBURY DR W
CITY-ST-ZIP PALM BCH GARDENS FL 33418

TITLE TD ☐ Delete
NAME DAVIS, ROBERT
STREET ADDRESS CANTERBURY DR
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☐ Delete
NAME HEBERT, RICHARD
STREET ADDRESS 213 CANTERBURY DR
CITY-ST-ZIP PALM BCH GARDENS FL 33418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90096 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

3-31-00