FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # N07366** 04-19-2001 90049 039 ****61.25 CANTERBURY HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 4239 NORTHLAKE BLVD 4239 NORTHLAKE BLVD LUU48462 STE D SHITE D PALM BCH GARDENS FL PALM BCH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0179325 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) LEWIS, WILLIAM F. COMPLETE PROPERTY MANAGEMENT INC. 4239 NORTHLAKE BLVD., STE.D Zip Code City PALM BEACH GARDENS FL 33410 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Director Addition ☐ Change PD TITLE TITLE Delete Robert Lindon SIMON, SAUL NAME Palm Beach Cordens, F1 33418 STREET ADDRESS 214 CANTERBURY DR W STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM BCH GARDENS FL 33418 Director Sheldon Besher ☐ Change TD Delete TITLE TITLE DAVIS, ROBERT NAME NAME ZIT Conterbury DR W STREET ADDRESS STREET ADDRESS CANTERBURY DR Palm Beach Gardens, F1 33418 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 - 🔲 Delete TITLE Director -TITLE HEBERT, RICHARD NAME KICK Rowell NAME 58 canterbury DR W STREET ADDRESS STREET ADDRESS 213 CANTERBURY DR Palm Beach Gardens, F133418 CITY-ST-ZIP CITY-ST-ZIP PALM BCH GARDENS FL 33418 TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 receivar 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.

REREQUIRED

SIGNATURE: