


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N07366	
1. Entity Name CANTERBURY HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 4239 NORTHLAKE BLVD STE D PALM BCH GARDENS, FL	Mailing Address 4239 NORTHLAKE BLVD SUITE D PALM BCH GARDENS, FL 33410
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03252004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0179325	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

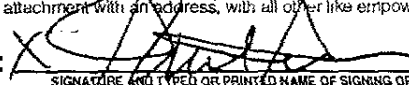
000000117927  
04/19/04-80038-024 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SIMON, SAUL 214 CANTERBURY DR W PALM BCH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HEBERT, RICHARD 213 CANTERBURY DR PALM BCH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LINDON, ROBERT 217 CANTERBURY DRIVE WEST PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BESHER, SHELDON 275 CANTERBURY DRIVE WEST PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/15/04 Sol 626-278  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #