


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90080 020 ****61.25

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

Principal Place of Business 4239 NORTH LAKE BLVD STE D PALM BEACH GARDENS FL	Mailing Address 4239 NORTH LAKE BLVD SUITE D PALM BEACH GARDENS FL 33410
---	---



2. Principal Place of Business 3307 Northlake Blvd.	3. Mailing Address 3307 Northlake Blvd.
Suite, Apt. #, etc. SUITE 107	Suite, Apt. #, etc. SUITE 107

1st MOORE CR2E037 (10/05)

City & State Palm Beach Gardens FL	City & State Palm Beach Gardens FL
Zip 33403	Zip 33403
Country USA	Country USA

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 NORTH LAKE 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) 3307 Northlake Blvd. SUITE 107 Palm Beach Gardens FL 33403

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 re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution <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	PD GOULD, BRIAN 279 CANTERBURY DRIVE WEST PALM BEACH GARDENS FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Sally Wilks 268 CANTERBURY Dr. Palm <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEBERT, RICHARD 213 CANTERBURY DR PALM BEACH GARDENS FL 33418 <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	DVP D/P TRETOUT, MARK 2101 CANTERBURY DRIVE WEST PALM BEACH GARDENS FL 33418 <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	OT D FREEDLAND, DAN 278 CANTERBURY DRIVE PALM BEACH GARDENS FL 33418 <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	DS KELLEHER, JUDY 285 CANTERBURY DRIVE WEST PALM BEACH GARDENS FL 33418 <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 Section 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:  
 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
 DATE: 4/27/06 501-626-2778