

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N13525

1. Entity Name
CANTERBURY COURT OF NAPLES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -6 PM 3:09

Principal Place of Business
GULF VIEW PROPERTY MGMT.
#505
NAPLES, FL 34103 US

Mailing Address
#505
NAPLES, FL 34103 US

REINSTATEMENT 05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09212005 REIN-NP CR2E099 (6/04)

City & State

City & State

4. FEI Number
59-0862831

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GULF VIEW PROPERTY MGMT., INC.
2335 9TH ST. N
STE. 505
NAPLES, FL 34103

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. I am familiar with, and accept the obligations of registered agent.

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 \$236.25
After January 1, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GRUENBERG, HANS
STREET ADDRESS 1708 GULF SHORE BLVD NO #9
CITY-ST-ZIP NAPLES, FL 34102

TITLE D ☐ Delete
NAME O'HARE, PETER
STREET ADDRESS 1708 GULF SHORE BLVD NO #18
CITY-ST-ZIP NAPLES, FL 34102

TITLE SDT ☐ Delete
NAME HENDERSON, HARRY
STREET ADDRESS 1708 GULFSHORE BLVD 5
CITY-ST-ZIP NAPLES, FL 34102

TITLE VPD ☐ Delete
NAME SOKOLIS, MARK
STREET ADDRESS 1708 GULFSHORE BLVD
CITY-ST-ZIP NAPLES, FL 34102

TITLE D ☐ Delete
NAME GREEN, JEAN
STREET ADDRESS 1708 GULF SHORE BLVD. N, #10
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800060298238
CITY-ST-ZIP 10/06/05--01040--003 **236.25

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

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

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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: *X Harry Henderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/3/05 239-403-7991