


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90150 035 \*\*\*\*61.25

<b>DOCUMENT # N13525</b> 1. Entity Name <b>CANTERBURY COURT OF NAPLES, INC.</b>					
Principal Place of Business <b>GULF VIEW PROPERTY MGMT. #505 NAPLES, FL 34103 US</b>			Mailing Address <b>#505 NAPLES, FL 34103 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-0862831</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>GULF VIEW PROPERTY MGMT., INC. 2335 9TH ST. N STE. 505 NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUENBERG, HANS 1708 GULF SHORE BLVD NO #9 NAPLES, FL 34102	<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	D O'HARE, PETER 1708 GULF SHORE BLVD NO #18 NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete		TITLE <b>SD</b> NAME STREET ADDRESS CITY-ST-ZIP	Bresson, Lilly 1708 Gulf Shore Blvd. N. #19 Naples, Fl. 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT HENDERSON, HARRY 1708 GULFSHORE BLVD 5 NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE <b>TD</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOKOLIS, MARK 1708 GULFSHORE BLVD NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete		TITLE <b>VPD</b> NAME STREET ADDRESS CITY-ST-ZIP	Hatton, Bonnie 1708 Gulf Shore Blvd. N. #8 Naples, Fl. 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, JEAN 1708 GULF SHORE BLVD. N. #10 NAPLES, FL 34102	<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	<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 Chapter 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.					
<b>SIGNATURE:</b> _____ <b>3/28/06</b> <b>239-403-7991</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50012190**



02022006 Chg-NP CR2E037 (11/05)