

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N32072	
1. Entity Name CANTERBURY LANE NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business 714 CANTERBURY LANE KISSIMMEE, FL 34741 US	Mailing Address 714 CANTERBURY LANE KISSIMMEE, FL 34741 US
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02052008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2966664	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILSON, KAREN
714 CANTERBURY LA
KISSIMMEE, FL 34741

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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 \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1000000821320 02/13/08 00019 015 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GEWERTH, JUANITA 613 CANTERBURY LANE KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KIAMAN, BRIAN 704 CANTERBURY LANE KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILSON, KAREN 714 CANTERBURY LANE KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WILSON, MARK 714 CANTERBURY LA KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HELEN, SHORE 720 CANTERBURY LN KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOSWELL, STAN 724 CANTERBURY LN KISSIMMEE, FL 34741

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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.

SIGNATURE MARK WILSON 2/5/08 407-933-0156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #