2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N96000001326

Entity Name: CANTERBURY OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5118 SYLVAN OAKS DR
VALRICO, FL 33594 US

New Principal Place of Business:

Current Mailing Address:

7612 S. SHERRILL ST. / CHUCK SCOGIN
TAMPA, FL 33616 US

New Mailing Address:

FEI Number: 59-3434835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SYNERGY REAL ESTATE & A.M.S. CHUCK SCOGIN
7612 S. SHERRILL ST.
TAMPA, FL 33616 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HUGHES, RICK
Address: 5118 SYLVAN OAKS DRIVE
City-St-Zip: VALRICO, FL 33594

Title: T ( ) Delete
Name: PUSATERI, JOE
Address: 5118 SYLVAN OAKS DRIVE
City-St-Zip: VALRICO, FL 33594

Title: S ( ) Delete
Name: PASIK, DAVID
Address: 5118 SYLVAN OAKS DR
City-St-Zip: VALRICO, FL 33594

Title: D (X) Delete
Name: TAPPAN, CHRISTOPHER
Address: 5118 SYLVAN OAKS DR
City-St-Zip: VALRICO, FL 33594

Title: D (X) Delete
Name: FERRELL, LISA
Address: 5118 SYLVAN OAKS DR
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: MCBRIDE, RICHARD
Address: 5015 SYLVAN OAKS DR
City-St-Zip: VALRICO, FL 33594

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES L. SCOGIN RA 02/25/2009

Electronic Signature of Signing Officer or Director — Date