
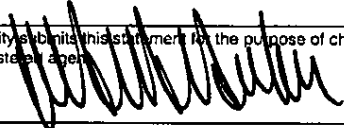
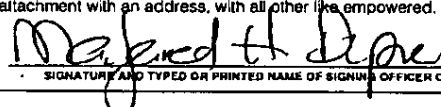


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/22/2004-90026-025-\$61.25-\$61.25

DOCUMENT # N96000005472 1. Entity Name CANTERBURY FARMS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3604 OLDE HAMPTON DRIVE WELLINGTON, FL 33414		Mailing Address 3604 OLDE HAMPTON DRIVE WELLINGTON, FL 33414	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 649 Suite, Apt. #, etc.	
City & State Zip		City & State Loxahatchee, FL Zip 33470-0649	
Country		Country	
4. FEI Number 65-0834185		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 CHESLER, ALAN 3604 OLDE HAMPTON DRIVE WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Donald P. Dufresne, Esq. Street Address (P.O. Box Number is Not Acceptable) Adorno & Yoss, P.A. 1551 Forum Place, Bldg. 200 City West Palm Beach FL 33401	
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  3/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		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	D <input checked="" type="checkbox"/> Delete CHESLER, ALAN 13860 WELLINGTON TRACE., #12-221 WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Margaret Duprey 142 Wilson Road West Grove, PA 19390
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete SCHAFER, RYAN 3604 OLD HAMPTON DRIVE WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Sharon Bobilin 13760 77th Place North West Palm Beach, FL 33412
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete DUFRESNE, DONALD P 400 AUSTRALIAN AVE S., STE 500 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Treasurer Sharon Bobilin 13760 77th Place North West Palm Beach, FL 33412
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
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
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 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: 		Date 3/16/04 561-640-8000	