2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N97000000797

Entity Name: CANTERBURY COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1122 AYRSHIRE STREET
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

1122 AYRSHIRE STREET
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3425591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAREY, JUDI A
1122 AYRSHIRE STREET
ORLANDO, FL 32803 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: TD ( ) Delete
Name: LYONS, DAVIS
Address: 2167 EOLA STREET
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: DEVITO, HARRY
Address: 2151 EOLA COURT
City-St-Zip: OVIEDO, FL 32765

Title: PD ( ) Delete
Name: EDWARDS, RALPH
Address: 2159 EOLA COURT
City-St-Zip: OVIEDO, FL 32765

Title: SD (X) Delete
Name: MELTON, MELISSA
Address: 2159 EOLA COURT
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Delete
Name: DEAN, SUSAN
Address: 2143 EOLA COURT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: LYONS, DAVIS
Address: 2167 EOLA STREET
City-St-Zip: OVIEDO, FL 32765 US

Title: SD (X) Change ( ) Addition
Name: LETALON, SHARON
Address: 233 BURNSED PLACE
City-St-Zip: OVIEDO, FL 32765 US

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

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: JUDI CAREY LCAM 04/01/2009

Electronic Signature of Signing Officer or Director — Date