

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 23, 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 US**Title:** SD () Delete
Name: LETALON, SHARON
Address: 233 BURNSED PLACE
City-St-Zip: OVIEDO, FL 32765 US**Title:** PD () Delete
Name: EDWARDS, RALPH
Address: 2159 EOLA COURT
City-St-Zip: OVIEDO, FL 32765**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** TD (X) Change () Addition
Name: RODRIGUEZ, MARIA
Address: 2175 EOLA COURT
City-St-Zip: OVIEDO, FL 32765 US**Title:** SD (X) Change () Addition
Name: KOMANETSKY, TINA
Address: 189 BURNSED PLACE
City-St-Zip: OVIEDO, FL 32765 US**Title:** PD (X) Change () Addition
Name: SMITH, DIANE
Address: 221 BURNSED PLACE
City-St-Zip: OVIEDO, FL 32765 US**Title:** VPD () Change (X) Addition
Name: ALBAUGH, JENNIFER
Address: 2135 EOLA COURT
City-St-Zip: OVIEDO, FL 32765 US**Title:** D () Change (X) Addition
Name: LOMAX, ELINOR
Address: 197 BURNSED PLACE
City-St-Zip: OVIEDO, FL 32765 US

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 A. CAREY

LCAM

09/23/2009

Electronic Signature of Signing Officer or Director

Date