FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400006554 (7)

CANTERBURY HOUSE AT THE VINEYARDS, INC.

Principal Place of Business Mailing Address 551 NEAPOLITAN LN 551 NEAPOLITAN UN NAPLES FL 33940 NAPLES FL 33940 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/18/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0467818 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 3410 Zip Country Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GUALARIO, ANTHONY J 551 NEAPOLITAN LN Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34103 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change TITLE 1.1 TITLE Addition NAME GUALARIO, DIANA L 1.2 NAME STREET ADDRESS **551 NEAPOLITAN LN** 1.3 STREET ADDRESS 34103 NAPLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TITLE **GUALARIO. ANTHONY J** 2.2 NAME NAME ₹19. 34103 **551 NEAPOLITAN LN** STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 31 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 2IP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ___ Additi-TITLE 6.1 TITLE NAME 62 NAME

14. 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 informatic indicated on this annual report or supplemental annual 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 of the redeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP