

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07366

**Entity Name:** CANTERBURY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**

C/O SEA BREEZE CMS INC.  
4227 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

C/O SEA BREEZE CMS INC.  
4227 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 65-0179325**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

IGLESIAS LAW GROUP, P.A.  
15800 PINES BLVD.  
SUITE 303  
PEMBROKE PINES, FL 33027 US

*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:** IGLESIAS

04/24/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PIWOVAR, NEIL  
Address C/O SEA BREEZE CMS INC.  
4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title PRESIDENT  
Name MURPHY, CINDY  
Address C/O SEA BREEZE CMS INC.  
4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title SECRETARY  
Name DULLY, JENNIFER  
Address C/O SEA BREEZE CMS INC.  
4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title TREASURER  
Name NAPOLI, STEPHEN  
Address C/O SEA BREEZE CMS INC.  
4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP  
Name SENATORE, ROBERT  
Address C/O SEA BREEZE CMS INC.  
4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

*I hereby 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 all other like empowered.*

**SIGNATURE:** CINDY MURPHY

PRESIDENT

04/24/2024

Electronic Signature of Signing Officer/Director Detail

Date