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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000002465 (2)

1. Corporation Name
CANTERBURY COMMUNITIES, INC.



Principal Place of Business
**33 BLOOMFIELD HILLS PKWY., STE. 200
 BLOOMFIELD HILLS MI 48304**

Mailing Address
**33 BLOOMFIELD HILLS PKWY., STE. 200
 BLOOMFIELD HILLS MI 48304-2946**

3. Date Incorporated or Qualified
05/12/1994

3a. Date of Last Report
04/23/1996

4. FEI Number
59-3232737

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

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 _____
 My name, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	EBLING, DAVID <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	33 BLOOMFIELD HILLS PKWY SUITE 200	1.2 NAME	
STREET ADDRESS	BLOOMFIELD HILLS MI	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOLLER, JOHN R	2.2 NAME	
STREET ADDRESS	33 BLOOMFIELD HILLS PKWY. STE. 200	2.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMFIELD HILLS MI 48304	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GABER, MICHAEL	3.2 NAME	
STREET ADDRESS	10201 S 51ST ST SUTUIE 100	3.3 STREET ADDRESS	
CITY - ST - ZIP	PHEONIX AZ	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLAGHER, JOHN S	4.2 NAME	130 EDINBURGH S., STE. 200
STREET ADDRESS	401 HARRISON OAKS BLVD	4.3 STREET ADDRESS	CARY, NC 27511
CITY - S - ZIP	GARY NC	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELFRICH, PATRICK	5.2 NAME	
STREET ADDRESS	10201 S 51ST ST SUITE 100	5.3 STREET ADDRESS	
CITY - ST - ZIP	PHEONIX AZ	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUNKEL, JOHN C	6.2 NAME	
STREET ADDRESS	555 WINDERLEY PL SUITE 420	6.3 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL	6.4 CITY - ST - ZIP	

14. I do 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 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 or the receiver 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 on an attachment with an address.

SIGNATURE: *Colette R. Zukoff* **COLETTE R. ZUKOFF** 4/28/97 (810) 644-7300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

04/28/1997

Canterbury Communities, Inc.

OFFICERS (Cont.):

John C. Kunkel 555 Winderley Pl., Ste. 420 Maitland, FL 32751	Vice President - Finance
Kent Lay 1635 Village Center Circle, Ste. 270 Las Vegas, NV 89134	Vice President
William J. Pulte 33 Bloomfield Hills Pky., Ste. 200 Bloomfield Hills, MI 48304	Vice President
John R. Stoller 33 Bloomfield Hills Pky., Ste. 200 Bloomfield Hills, MI 48304	Vice President Secretary
Terrence R. Thomas 10201 S. 51st St., Ste. 100 Phoenix, AZ 85044	Vice President
Calvin R. Boyd 33 Bloomfield Hills Pky., Ste. 200 Bloomfield Hills, MI 48304	Asst. Secretary
Patricia A. Crane 315 S. Salem St., Ste. A-200 Apex, NC 27502	Asst. Secretary
Angela R. Maiden 315 S. Salem St., Ste. 200-A Apex, NC 27502	Asst. Secretary
Danny L. Overson 1635 Village Center Circle Suite 270 Las Vegas, NV 89134	Asst. Secretary
Bruce E. Robinson 33 Bloomfield Hills Pky., Ste. 200 Bloomfield Hills, MI 48304	Asst. Secretary
Maureen E. Thomas 33 Bloomfield Hills Pky., Ste. 200 Bloomfield Hills, MI 48304	Asst. Secretary
Colette R. Zukoff 33 Bloomfield Hills Pky., Ste. 200 Bloomfield Hills, MI 48304	Asst. Secretary