

AMENDED DUE TO ANNUAL MEETING

CORPORATION ANNUAL REPORT



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

APPROVED AND FILED

96 OCT -9 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name **769451**
CANAVERAL BAY CONDOMINIUM ASSN., INC.

Principal Place of Business Mailing Address
**P.O. Box 754
Cape Canaveral, FL. 32920**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 1987	3a. Date of Last Report 6/96
4. FEI Number 59-2818395	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**Mary Kammerude
102 Columbia Drive Suite #105
Cape Canaveral, FL. 32920**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	600001980806--6 -10/21/96--01013--013
84 City	*****61.25 FL *****81.25

Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OLD OFFICERS AND DIRECTORS		13. NEW ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Jordan	1.2 NAME	Jan Keirns
STREET ADDRESS	200 Int'l Dr. #606	1.3 STREET ADDRESS	200 International Dr. Unit 812
CITY-ST-ZIP	Cape Canaveral, FL. 32920	1.4 CITY-ST-ZIP	Cape Canaveral, FL. 32920
TITLE	VPD	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helen Ward Myers	2.2 NAME	Richard Starcher
STREET ADDRESS	200 Int'l Dr. #206	2.3 STREET ADDRESS	200 International Dr. Unit 602
CITY-ST-ZIP	Cape Canaveral, FL. 32920	2.4 CITY-ST-ZIP	Cape Canaveral, FL. 32920
TITLE	SD	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas J. Wichlacz	3.2 NAME	James J. Hartung
STREET ADDRESS	200 Int'l Dr. #703	3.3 STREET ADDRESS	200 International Dr. Unit 501
CITY-ST-ZIP	Cape Canaveral, FL. 32920	3.4 CITY-ST-ZIP	Cape Canaveral, FL. 32920
TITLE	TD	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nickolas Paladino	4.2 NAME	Nickolas D. Paladino, Jr.
STREET ADDRESS	200 International Dr. #907	4.3 STREET ADDRESS	200 International Dr. Unit; 907
CITY-ST-ZIP	Cape Canaveral, FL. 32920	4.4 CITY-ST-ZIP	Cape Canaveral, FL. 32920
TITLE	D	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Pitstick	5.2 NAME	Donald Pitstick
STREET ADDRESS	200 International Dr. #407	5.3 STREET ADDRESS	200 International Dr. Unit 407
CITY-ST-ZIP	Cape Canaveral, FL. 32920	5.4 CITY-ST-ZIP	Cape Canaveral, FL. 32920
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jan Keirns
Jan Keirns

8/12/96

Date

Daytime Phone #

CR2E037 (3/95)