


SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Oct 14 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769451 (6)

1. Corporation Name
CANAVERAL BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business P.O. BOX 754 CAPE CANAVERAL FL 32920	Mailing Address P.O. BOX 754 CAPE CANAVERAL FL 32920
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3. Date Incorporated or Qualified
07/19/1983

4. FEI Number
59-2818395

Applied For	
Not Applicable	

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

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No **N/A**

9. Name and Address of Current Registered Agent

KAMMERUDE, MARY
102 COLUMBIA DR.
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	
84 City	FL
85 Zip Code	

11. 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 _____ (NOTE: Registered Agent signature required when relating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEIRNS, JAN	
STREET ADDRESS	200 INTERNATIONAL DRIVE, UNIT 812	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	STARCHER, RICHARD	
STREET ADDRESS	200 INTERNATIONAL DRIVE, UNIT 602	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NATEL, NANCY	
STREET ADDRESS	200 INTERNATIONAL DRIVE, UNIT 810	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PALADINO, NICK	
STREET ADDRESS	200 INTERNATIONAL DR., STE. 907	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WIDEMAN, BUD	
STREET ADDRESS	777 NASSAU RD.	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William Specht	
1.3 STREET ADDRESS	200 Intrnational Dr. #601	
1.4 CITY-ST-ZIP	Cape Canaveral, FL. 32920	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Janet Keirns	
2.3 STREET ADDRESS	200 International Dr. #812	
2.4 CITY-ST-ZIP	Cape Canaveral, FL. 32920	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nancy Natel	
3.3 STREET ADDRESS	200 International Dr. #810	
3.4 CITY-ST-ZIP	Cape Canaveral, FL. 32920	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Nick Paladino	
4.3 STREET ADDRESS	200 International Dr. #810	
4.4 CITY-ST-ZIP	Cape Canaveral, FL. 32920	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bud Wideman	
5.3 STREET ADDRESS	777 Nassau Rd.	
5.4 CITY-ST-ZIP	Cocoa Beach, FL. 32931	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Bud Wideman 9/30/98 (407) 783-1620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)