


FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90006 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769451

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/19/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2818395
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 29	6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent KAMMENUE MARK 102 COLUMBIA DR. SUITE 105 CAPE CANAVERAL FL 32920	10. Name and Address of New Registered Agent 81 Name Vallencourt, Jan 82 Street Address (P.O. Box Number is Not Acceptable) 102 Columbia Dr. 83 Suite #105 84 City Cape Canaveral, FL. FL 85 Zip Code 32920
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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: *Bud Wideman, Jan Vallencourt* DATE: **25 June 99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEIRNS, JAN 200 INTERNATIONAL DRIVE, UNIT 812 CAPE CANAVERAL FL 32920	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPECHT, WILLIAM 200 INTERNATIONAL DR #601 CAPE CANAVERAL FL 32920	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD Nancy Natel 200 International Dr. #810 Cape Canaveral, FL., 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NATEL, NANCY 200 INTERNATIONAL DRIVE, UNIT 810 CAPE CANAVERAL FL 32920	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD Clarkson, Russell 200 International Dr. #501 Cape Canaveral, FL. 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALADINO, NICK 200 INTERNATIONAL DR #810 CAPE CANAVERAL FL 32920	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIDEMAN, BUD 777 NASSAU RD. COCOA BEACH FL 32931	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Bud Wideman* **REQUIRED** DATE: **25 June 99**

CR2E037 (1/98)