2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769451

1. Entity 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		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·	DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	EO_201020E		Applied For		
Zip	Country	Zip	Count	try	5. Certificate of S		□ \$8.75 A		
	6. Name and Address of Currer	nt Registered Agent	-1		7. Name and Ado	trace of New Rea	Fee Requi	red	
,				Name	TO THE MILE AND THE	areas of Hen Heg	istered Agent		
WALLENC	OUDT IAN		Street Address		tdrace /P.O. Pay Number is	(P.O. Box Number is Not Acceptable)			
	Ourt, Jan Naveral Blvd			Sileel Au	duress (F.O. Box Number is	,r.O. DOX NUMBER IS INOT Acceptable)			
	NAVERAL FL 32920								
OAI L OA	WATERIAL I E 32320			City			FL Zip Co	ode	
8. The abov	e named entity submits this statement	for the purpose of changing it	s registered	office or r	registered agent, or both, in	the State of Florid		h, and accept	
the obliga	ations of registered agent.							.,	
SIGNATURE	Signature, typed or printed name of registered ages	nt and title if applicable. (NO	FF. Decision and A	gent signatur	re required when reinstating)	·	DATE		
			C. Helistered A						
• •			rc. negistered Ag	Acut siGustrai	o regards when removaling)				
•	After September 13, 2002.		· ·	T-10		Maka			
	After September 13, 2002, min. will be \$236.25.	9. Election Ca	· ·	ancing _	\$5.00 May Be Added to Fees		Check Payable		
, , ,	min. will be \$236.25.	9. Election Ca Trust Fund	mpaign Fina	ancing _	\$5.00 May Be Added to Fees	Dep	Check Payable partment of Sta	te	
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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

BITIFORDII BTOWIDEMAN, Pres.

9/27/02

:R2E037 (4/02)

FILED

10-02-2002 90120 012 ***236.25

Oct 02, 2002 8:00 am Secretary of State