


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 769451

1. Entity Name
CANAVERAL BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 754 P.O. BOX 754
CAPE CANAVERAL, FL 32920 CAPE CANAVERAL, FL 32920



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01122007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2818395 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIGERMAN, MARVIN A
200 N FIRST STREET
COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/S	<input type="checkbox"/> Delete
NAME	VEENSTRA, KEN	
STREET ADDRESS	200 INTERNATIONAL DR., #702	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CORZINE, DEBORAH	
STREET ADDRESS	200 INTERNATIONAL DR#605	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	BALL, JEFF	
STREET ADDRESS	200 INTERNATIONAL DR., #208	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARD, STACEY	
STREET ADDRESS	200 INTERNATIONAL DR., #411	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000533217
01/22/07-80023-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *[Signature]* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR