

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769451

FILED
Feb 04, 2009
Secretary of State

Entity Name: CANAVERAL BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 754
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

200 INTERNATIONAL DRIVE
CAPE CANAVERAL, FL 32920

Current Mailing Address:

P.O. BOX 754
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 59-2818395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P/S () Delete
Name: VEENSTRA, KEN
Address: 200 INTERNATIONAL DR., #702
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SD () Delete
Name: CORZINE, DEBORAH
Address: 200 INTERNATIONAL DR#605
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D/T () Delete
Name: BALL, JEFF
Address: 200 INTERNATIONAL DR., #208
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: RICHARD, STACEY
Address: 200 INTERNATIONAL DR., #411
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF BALL

D

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date