


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90182 036 \*\*\*\*61.25

**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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**VALLENCOURT, JAN  
8117 CANAVERAL BLVD  
CAPE CANAVERAL FL 32920**

7. Name and Address of New Registered Agent

Name  
**MARILYN A RIGERMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**300 N FIRST ST**

City  
**COCOA BEACH** FL Zip Code  
**32931**

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 *Marilyn A Rigerman* **MARILYN A RIGERMAN** DATE **4-7-03**

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

**FILE NOW: FEE IS \$61.25**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>MAHAN, RHONDA<br/>200 INTERNATIONAL DR #811<br/>CAPE CANAVERAL FL 32920</b>        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>WIDEMAN, BUD<br/>8117 CANAVERAL BLVD<br/>CAPE CANAVERAL FL 32920</b>               | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>ROACH-JACOBSON, DAWN<br/>200 INTERNATIONAL DR #104<br/>CAPE CANAVERAL FL 32920</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>PALADINO, NICK<br/>200 INTERNATIONAL DR #810<br/>CAPE CANAVERAL FL 32920</b>       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LEWIS, DAVID<br/>200 INT'L DR #714<br/>CAPE CANAVERAL FL 32920</b>                  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>ARNOLD, JOHN<br/>523 ADAMS AVE<br/>CAPE CANAVERAL FL 32920</b>                     | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>777 NASSAU RD<br/>COCOA BEACH, FL 32931</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>CORZINE, DEBORAH<br/>200 INTERNATIONAL DR #605<br/>CAPE CANAVERAL FL 32920</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>MYERS, HELEN<br/>200 INTERNATIONAL DR #1 206<br/>CAPE CANAVERAL FL 32920</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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.

SIGNATURE: *Bud Wideman* **BUD WIDEMAN**

CR2E037 (10/02)