

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90024 001 \*\*\*\*61.25

**DOCUMENT # N02000004050**

1. Entity Name  
**CANAVERAL GROVES HOMEOWNERS, INC.**



Principal Place of Business  
 PO BOX 675  
 SHARPES, FL 32959

Mailing Address  
 PO BOX 675  
 SHARPES, FL 32959

**54020250**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01242004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2174643** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ARNESON, DAVID L**  
**3635 ATLANTA ST**  
**COCOA, FL 32926**

7. Name and Address of New Registered Agent

Name  
**William E. Cannon**

Street Address (P.O. Box Number is Not Acceptable)  
**4645 Pine Street**

City  
**Cocoa** FL Zip Code  
**32926**

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 **William E. Cannon, President** *William E Cannon* **3/16/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
 NAME **ARNESON, DAVID L**  
 STREET ADDRESS **3635 ATLANTA ST**  
 CITY-ST-ZIP **COCOA, FL 32926**

TITLE **P**  Change  Addition  
 NAME **William E. Cannon**  
 STREET ADDRESS **4645 Pine Street**  
 CITY-ST-ZIP **Cocoa, FL 32926**

TITLE **VD**  Delete  
 NAME **VAN DYKE, KURT**  
 STREET ADDRESS **4005 ALAN SHEPARD AVE**  
 CITY-ST-ZIP **COCOA, FL 32926**

TITLE **VD**  Change  Addition  
 NAME **Ronald Callahan**  
 STREET ADDRESS **4260 Citrus Blvd.**  
 CITY-ST-ZIP **Cocoa, FL 32926**

TITLE **SD**  Delete  
 NAME **KOLOCURIS, DOROTHY**  
 STREET ADDRESS **3608 BRYCE ST**  
 CITY-ST-ZIP **COCOA, FL 32926**

TITLE **SD**  Change  Addition  
 NAME **Ann Coburn**  
 STREET ADDRESS **3780 Canaveral Groves Blvd.**  
 CITY-ST-ZIP **Cocoa, FL 32926**

TITLE **TD**  Delete  
 NAME **MATHIESEN, RICHARD**  
 STREET ADDRESS **3626 BAYFIELD ST**  
 CITY-ST-ZIP **COCOA, FL 32926**

TITLE **TD**  Change  Addition  
 NAME **Dorothy Kolocuris**  
 STREET ADDRESS **3608 Bryce Street**  
 CITY-ST-ZIP **Cocoa, FL 32926**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **William E. Cannon, President** *William E Cannon* **3/16/04** **721 632 7483**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #