


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90034 025 \*\*\*\*61.25

**DOCUMENT # N02000004050**  
1. Entity Name  
**CANAVERAL GROVES HOMEOWNERS, INC.**



Principal Place of Business      Mailing Address  
**PO BOX 675      PO BOX 675**  
**SHARPES FL 32959      SHARPES FL 32959**



2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2174643**      Not Applicable  
5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CANNON, WILLIAM E**  
**4645 PINE ST.**  
**COCOA FL 32926**

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	<input type="checkbox"/> Delete
NAME	CANNON, WILLIAM E	
STREET ADDRESS	4645 PINE ST.	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MADDEN, JAMES	
STREET ADDRESS	3335 GREENVILLE ST	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KOLOCURIS, DOROTHY	
STREET ADDRESS	3608 BRYCE ST.	
CITY-ST-ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	SO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDEN, JANET	
STREET ADDRESS	3335 Greenville St	Correction
CITY-ST-ZIP	COCOA, FL 32926	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William E Cannon*      02-19-06      321-632-7483