


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DO NOT WRITE IN THIS SPACE



07142007 No Chg-NP CR2E037 (4/06)

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

CANNON, WILLIAM E
 4645 PINE ST.
 COCOA, FL 32926

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CANNON, WILLIAM E
STREET ADDRESS	4645 PINE ST.
CITY-ST-ZIP	COCOA, FL 32926
TITLE	SD
NAME	MADDEN, JANET
STREET ADDRESS	3335 GREENVILLE ST
CITY-ST-ZIP	COCOA, FL 32926
TITLE	TD
NAME	KOLOCURIS, DOROTHY
STREET ADDRESS	3608 BRYCE ST.
CITY-ST-ZIP	COCOA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 07/19/07-80009-019 61.25

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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: Dorothy Kolocuris *Dorothy Kolocuris* Treasurer 7-16-07 (321)-633-996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #