

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000004050

FILED
Nov 24, 2008
Secretary of State

Entity Name: CANAVERAL GROVES HOMEOWNERS, INC.

Current Principal Place of Business:

PO BOX 675
SHARPES, FL 32959

New Principal Place of Business:

4645 PINE ST.
COCOA, FL 32926

Current Mailing Address:

PO BOX 675
SHARPES, FL 32959

New Mailing Address:

FEI Number: 59-2174643 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CANNON, WILLIAM E
Address: 4645 PINE ST.
City-St-Zip: COCOA, FL 32926

Title: SD () Delete
Name: MADDEN, JANET
Address: 3335 GREENVILLE ST
City-St-Zip: COCOA, FL 32926

Title: TD () Delete
Name: KOLOCURIS, DOROTHY
Address: 3608 BRYCE ST.
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: DARBY, PAULA
Address: 4685 ALAN SHEPARD
City-St-Zip: COCOA, FL 32926

Title: TD (X) Change () Addition
Name: ELMORE, SUSAN
Address: 3940 ALAN SHEPARD
City-St-Zip: COCOA, FL 32926

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: WILLIAM E. CANNON

Electronic Signature of Signing Officer or Director

P

11/24/2008

Date