## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N02000004050

FILED Nov 05, 2009 Secretary of State

Entity Name: CANAVERAL GROVES HOMEOWNERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 4645 PINE ST. COCOA, FL 32926 **Current Mailing Address: New Mailing Address:** PO BOX 675 SHARPES, FL 32959 FEI Number: 59-2174643 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CANNON, WILLIAM E 4645 PINÉ ST. COCOA, FL 32926 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CANNON, WILLIAM E Name: Name: Address: 4645 PINE ST. Address: City-St-Zip: COCOA, FL 32926 City-St-Zip: Title: SD Title: ( ) Delete () Change () Addition Name: DARBY, PAULA Name: Address: 4685 ALAN SHEPARD Address: City-St-Zip: COCOA, FL 32926 City-St-Zip: Title: () Delete Title: () Change () Addition ELMORE, SUSAN Name: Name: 3940 ALAN SHEPARD Address: Address: City-St-Zip: COCOA, FL 32926 City-St-Zip:

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: SUSAN S. ELMORE TD 11/05/2009