

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004050

**FILED**  
**Mar 05, 2017**  
**Secretary of State**  
**CC5995341447**

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

**Current Principal Place of Business:**

4645 PINE ST.  
COCOA, FL 32926

**Current Mailing Address:**

PO BOX 675  
SHARPES, FL 32959

**FEI Number:** 59-2174643

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CANNON, BILL  
Address 4645 PINE STREET  
City-State-Zip: COCOA FL 32926

Title VP  
Name SILVA, ED  
Address 5060 PINE ST.  
City-State-Zip: COCOA FL 32927

Title TD  
Name BRADIN, SUE  
Address 4500 ALAN SHEPARD  
City-State-Zip: COCOA FL 32926

*I hereby 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 all other like empowered.*

**SIGNATURE:** SUE BRADIN

**TREASURER**

**03/05/2017**

Electronic Signature of Signing Officer/Director Detail

Date