2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 718408

Entity Name: CANAVERAL BREAKERS ANNEX, INC., A CONDOMINIUM

Current Principal Place of Business:

8522 N ATLANTIC AVE #133 BOX 4
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

8522 N ATLANTIC AVE #133 BOX 4
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 59-1449784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITNEY CLIFFORD
8522 N. ATLANTIC AVE. #36
CAPE CANAVERAL, FL 32920 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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHEITLER, BOB
Address: 5431 BYRON RD
City-St-Zip: DURAND, MI 48429

Title: P ( ) Delete
Name: CLIFFORD, WHITNEY
Address: 8522 N. ATLANTIC AVE. #36
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete
Name: WAUGH, RANDY
Address: 8522 N ATLANTIC AVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: V ( ) Delete
Name: BULLOCK, PATRICIA
Address: 8255 N ATLANTIC AVE, # 41
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TS ( ) Delete
Name: BEMOWSKY, AUDREY
Address: 8522 N ATLANTIC AVE, # 44
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FISHER, GUY
Address: 8522 N. ATLANTICE AVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D (X) Change ( ) Addition
Name: GIRARD, DON
Address: 8522 N. ATLANTIC AVE.
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: V (X) Change ( ) Addition
Name: WAUGH, RANDY
Address: 8522 N ATLANTIC AVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: P (X) Change ( ) Addition
Name: WISE, BOB
Address: 8255 N ATLANTIC AVE, # 49
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: ( ) Change ( ) Addition
Name:
Address:
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: AUDREY BEMOWSKY TS 04/21/2009
Electronic Signature of Signing Officer or Director — Date