

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728688

FILED  
Apr 06, 2006  
Secretary of State

**Entity Name:** CANAVERAL TOWERS MANAGEMENT, INC.

**Current Principal Place of Business:**

7520 RIDGEWOOD AVENUE  
CAPE CANAVERAL, FL 329209079

**New Principal Place of Business:**

**Current Mailing Address:**

7520 RIDGEWOOD AVENUE  
CAPE CANAVERAL, FL 329209079

**New Mailing Address:**

**FEI Number:** 59-1462725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHAFFER, CYNTHIA  
7520 RIDGEWOOD AVE  
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: PD ( ) Delete  
Name: GIBSON, PATRICIA  
Address: 1116 LAKE WILLISARE CIRCLE  
City-St-Zip: ORLANDO, FL 32806

Title: 1VP ( ) Delete  
Name: LANGSTON, JUDITH  
Address: 7520 RIDGEWOOD AVE, # 209  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SD ( ) Delete  
Name: HAGGERDORN, RONALD  
Address: 5805 PADGETT CIRCLE  
City-St-Zip: ORLANDO, FL 32839

Title: TD ( ) Delete  
Name: WALKER, ROBERT  
Address: 36210 SPICEBUSH LANE  
City-St-Zip: SOLON, OH 44139

Title: 2VP ( ) Delete  
Name: MANN, KEVIN  
Address: 6770 RIDGEWOOD AVE #805  
City-St-Zip: COCOA BEACH, FL 32931

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CYNTHIA SHAFFER

CAM

04/06/2006

Electronic Signature of Signing Officer or Director

Date