


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90047 018 ****70.00

DOCUMENT # 728688 1. Entity Name CANAVERAL TOWERS MANAGEMENT, INC.					
Principal Place of Business 7520 RIDGEWOOD AVENUE CAPE CANAVERAL, FL 32920-9079			Mailing Address 7520 RIDGEWOOD AVENUE CAPE CANAVERAL, FL 32920-9079		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1462725	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAFFER, CYNTHIA 7520 RIDGEWOOD AVE CAPE CANAVERAL, FL 32920			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GIBSON, PATRICIA 1116 LAKE WILLISARE CIRCLE ORLANDO, FL 32806	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JUDITH LANGSTON 7520 RIDGEWOOD AVE. #209 CAPE CANAVERAL, FL 32920	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP LANGSTON, JUDITH 7520 RIDGEWOOD AVE, # 209 CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT KEN MATTSO 7520 RIDGEWOOD AVE. # 407 CAPE CANAVERAL, FL 32920	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HAGGERDORN, RONALD 5805 PADGETT CIRCLE ORLANDO, FL 32839	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECOND VICE PRESIDENT ANTHONY MAIORINO 821 SHADOW RIDGE ROAD FRANKLIN LAKE, NJ 07417	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WALKER, ROBERT 36210 SPICEBUSH LANE OLON, OH 44139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VP MANN, KEVIN 6770 RIDGEWOOD AVE #805 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/28/07 Daytime Phone # 321784-4311		