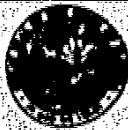


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739010 (7)

1. Corporation Name

PORT CANAVERAL, FLOTILLA 46 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4945 SHADE TREE ST.
COCOA, FL. - 32926
US

4945 SHADE TREE ST.
COCOA, FL. - 32926
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1977

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1837278

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$6.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIONDI, BARBARA A.
4945 SHADE TREE ST.
COCOA FL 32926

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP
NAME	WARREN, WHITNEY S.
STREET ADDRESS	4260 ROYAL PALM AVE.
CITY - ST - ZIP	COCOA FL
TITLE	P
NAME	BIONDI, BARBARA
STREET ADDRESS	4945 SHADE TREE STREET
CITY - ST - ZIP	COCOA FL
TITLE	ST
NAME	CHILDS, JACK C.
STREET ADDRESS	8501 RIDGEWOOD AVE., SUITE 14
CITY - ST - ZIP	CAPE CANAVERAL FL
TITLE	D
NAME	HARMON, FRED
STREET ADDRESS	837 DOVE AVE.
CITY - ST - ZIP	ROCKLEDGE FL
TITLE	D
NAME	DIGGS, GLENN
STREET ADDRESS	65 GEORGIA AVE.
CITY - ST - ZIP	MERRITT ISLAND FL
TITLE	D
NAME	MADDOX, WILLIAM M.
STREET ADDRESS	209 GARDEN LANE
CITY - ST - ZIP	LONGWOOD FL

1.1 TITLE	VP	☒ Change ☐ Addition
1.2 NAME	Biondi, Dennis P.	
1.3 STREET ADDRESS	4945 Shade Tree Street	
1.4 CITY - ST - ZIP	Cocoa, FL 32926	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara A. Biondi* 04/24/95 407-681-7267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number