FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4945 SHADE TREE ST. COCOA, FL - 32926 US	4945 SHADE TREE ST. COCOA, FL - 32926 US

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 ☐ **$8.75** 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP ☒ Change ☐ Addition
NAME	WARREN, WHITNEY S.	1.2 NAME	Biondi, Dennis P.
STREET ADDRESS	4260 ROYAL PALM AVE.	1.3 STREET ADDRESS	4945 Shade Tree Street
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	Cocoa, Fl 32926
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	BIONDI, BARBARA	2.2 NAME	
STREET ADDRESS	4945 SHADE TREE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	CHILDS, JACK C.	3.2 NAME	
STREET ADDRESS	8501 RIDGEWOOD AVE., SUITE 14	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HARMON, FRED	4.2 NAME	
STREET ADDRESS	637 DOVE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DIGGS, GLENN	5.2 NAME	
STREET ADDRESS	65 GEORGIA AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MADDOX, WILLIAM M.	6.2 NAME	
STREET ADDRESS	209 GARDEN LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	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 119.07(3)(i), 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 Barbara A. Biondi 04/24/95 407-631-7267
SIGNATURE AND TYPED OR PRINTED NAME OF BIONDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0039785